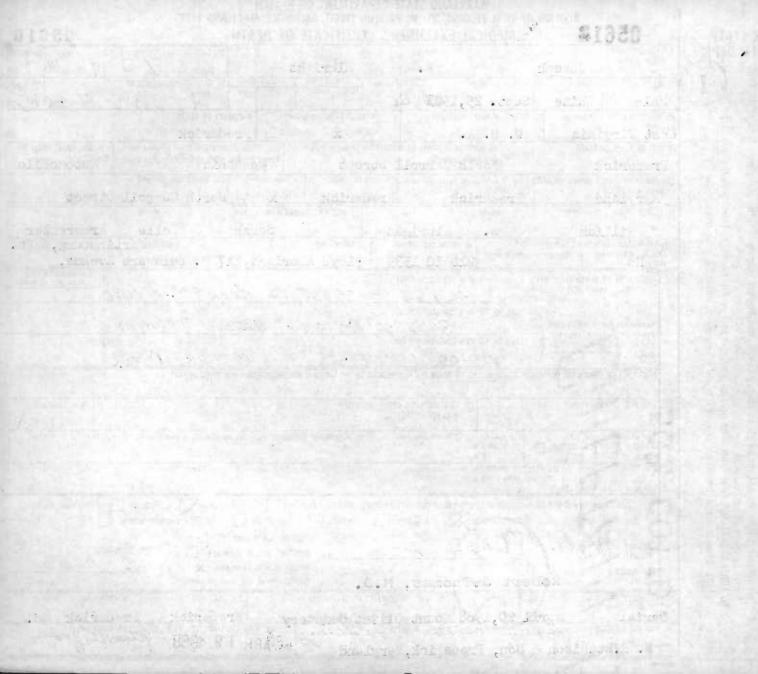
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME Middle 20. DATE KNOWN Year (Type ar Print) OF ESTI-DEATH MATED Albright Joseph W. 0 PM3. Page delay and 3 6. AGE (In years IF UNDER 24 HRS. 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR Departme White Sept. 25,1903 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, farm West Virginia WIDOWED TO DIVORCED [ U. S. A. Frederick land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with North Carroll Street Mutomobile during most of working life, even if retired.) Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER demission) STATE Maryland 13b COUNTY Frederick in pencil in Item 18. Frederick YES 🔽 NO 🗌 North Carroll after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Last Sarah Belle William Albright Armbrester e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's haurs pages ADDRESMartinsburg, W? Va. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no ar unknown) 214 10 1535 Floyd Albright, 117 N. Delaware Avenue, File within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a), writing the ward certificate shauld stating the underlying cause Terioscleratic .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS remaval, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAL EXAMINER: burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. County State City or Town factory, affice building, etc.) FUNERAL DIRECTOR: Page AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Undetermined manner deoth resulted from: Noturol couses Accident . Suicide [ Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) April 20.1968 Mount Olivet Cemetery Frederick Burial Frederick MI ADDRESS Fadeles 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15ME M. R. Etchison & Son, Frederick, Maryland



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MINER: the certified 4 shauld trifles. e 3 shaul imatian,	MEDICAL	CAUSE OF DEATH		PLACE OF INJURY	At home form	19 street	21f. LOCATION Street	or P.F.D. No.	City	or Town	County	,	Stote
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0 = + 20 = 1	23a.	BURIAL, CREMAT		OMIE Maryla	and दिश्ते रि	AME OF CEMETE	RY OR CREMATORY		23d. LOCATION	(City or Town)	(County)	(Sto	ote)
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VR A15ME (3)	24.	FUNERAL DIRECTO		Co Wis	Low	ADDRESS		2So. RECD BY	REGISTRAR 1	968 REGISTON	SSIGNATUR	Quel	ac.
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HOSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed 124 hours after ath. Page 4	FUNERAL CECTOR: After this certificate has been signed by the attending physician and completely the house the funeral rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attendenth.	

15M 7-62

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05618

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whera deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write AURAL and give nearest town) 12 days	Burkittsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
	ON A FARM?
Monocacy Hall Nursing Home	YES NO
DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Laura Bernadetta	Arnold DEATH Opel 29 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
female white WIDOWED DIVORCED	9/26/1876   Sast birthday)   Months   Days   Hours   Min.
	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housekeeper own home	Maryland U.S.
David Arnold	
	Mary Ann Wiener
(Yes, no, or unkown) (Ifyesgive war or dates of servica)	Ma •
no    220-44-7799 N	irs. Gertrude Ausherman, Burkittsville
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	live heart feelene ONSET AND DEATH 48 hour
1/100	
Conditions, if any, which > (b) Personale of	Ecordio vora descore many
gave rise to immediate cause	
(a), stating the undarlying DUE TO	
cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
3 47 2/	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  4  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II ol item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. Pt	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
at most of the same	ctory, street, office bldg., etc.)
	1/125 11/29 11/29
21. I certify that (I) (this hospital) attended the deceased from	1968, to 4/29, that (I) (we) last
saw the deceased alive on 4/28 1968, and that	it death occurred at
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
P. 9. Witthan	M.D. PHYS. DIRECTOR PHYS. 1
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPE) E-A-DETTBARN	Wallenvelle, Wed. 21793
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	
REMOVAL (Specify)	
burial 5/2/68 Union Cemet	ery Burkittsville, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cladbill Compony Middletorm Md	hart to the first of
Gladhill Company, Middletown, Md.	DATE MAY 2 1968 CHARLES JULY

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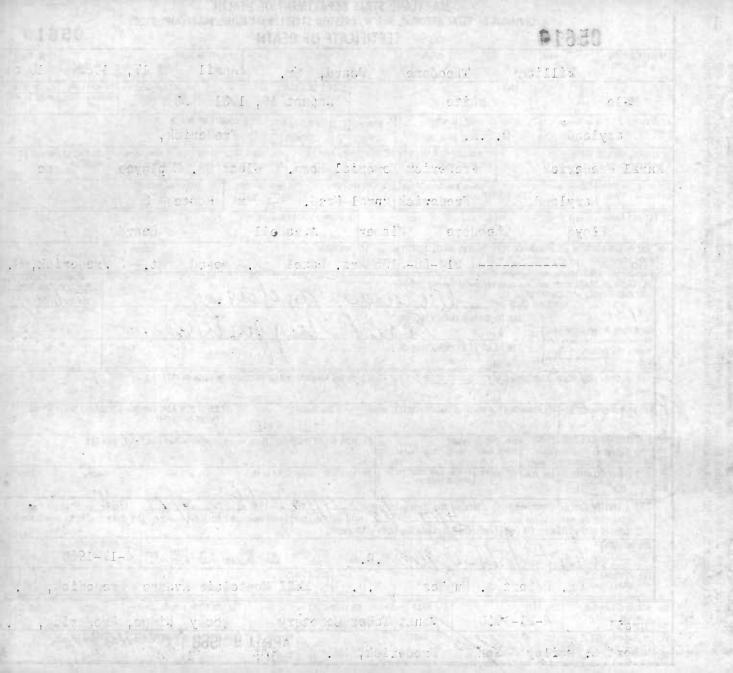
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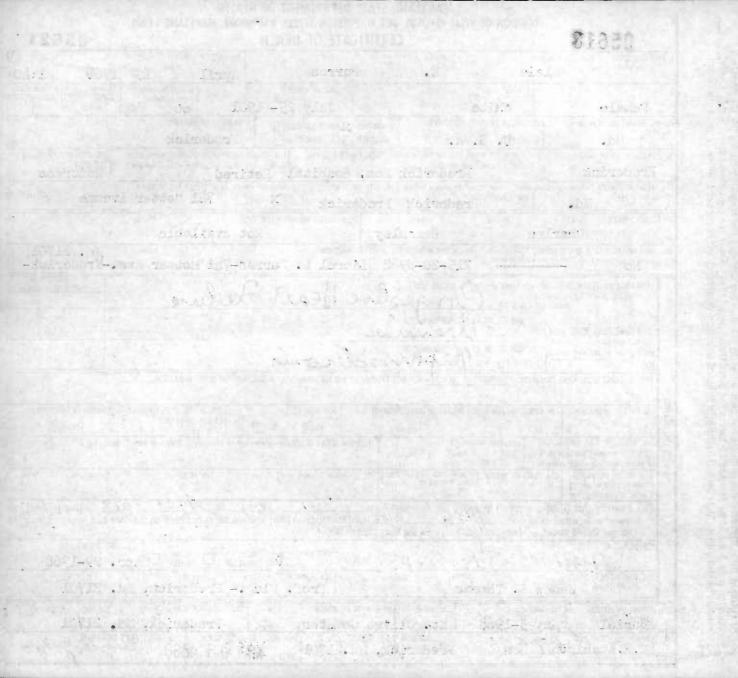
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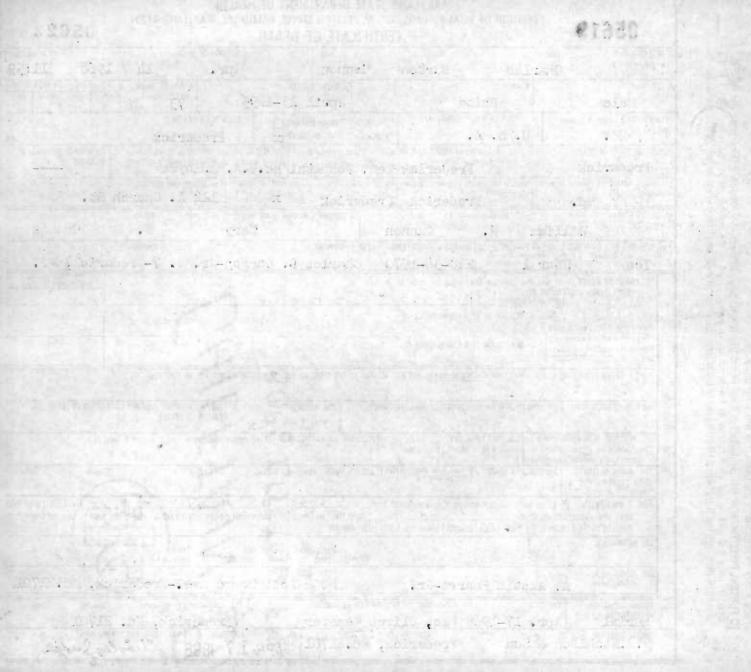
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05621 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR P First (Type or print) hours after deat Elsie N. Burras April 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR last birthday) Female July 25- 1901 White 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED purial-tronsit permit. Then please remove corbon papers. buriol, cremation, or removol, and in any event, within 72 h country) and completely filled in Frederick U. S. A. DIVORCED [ Md. WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Retired give street oddress? INDUSTRY Frederick Frederick Mem. Hospital Waitress 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 711 Motter Avenue 13b. COUNTY YES NO Md. Frederick Frederick 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Charles Beachlev Not available attending physician operation of the please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 215-20-8982 Lionel L. Burras-711 Motter Ave.-Frederick-18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS MAGONSEQUENCE OF Page 4 moy be retoined by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES A NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram-1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_\_\_ couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) James B. Thomas Prof. Bldg. - Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, PREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 21701 ADDRESS Whitmare 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Frederick, Md.21701

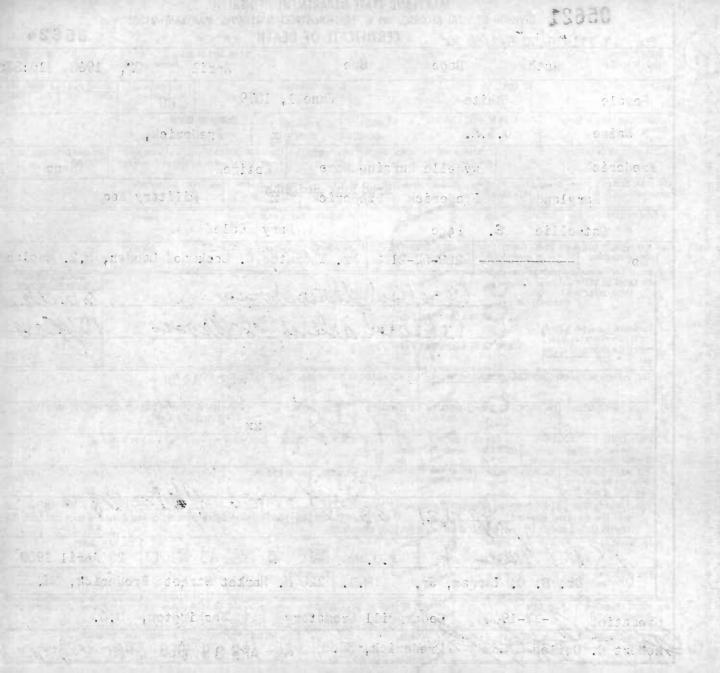
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COUNTY  Maine	3	3. SE						s. date of June	BIRTH 187	1	_	years (ay)		IF UNDER 24 HR HOURS MI
Frederick    So. USUAL ESIDENC (Where deceased lived, if institution: Residence before before before size of mission)   Staff   Mary 1 and   Mary 1 and   Staff   Mary 1 and   Staff   Mary 1 and   Mary 1 and   Staff   Mary 1 and   Mar	7	7o. E	BIRTHPLACE (Stote or foreign try) Maine		S.A.		WIDOWED	☐ DIV	ORCED X			•		
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OS tmellie S. Page Mary Calef  16a. WAS DECEASE FUER IN U.S. ARMED FORCES? Yes. TOO or unknown) Plans grow and color descriptions.  17a. Thornton C. Lockwood London, W.2. Eng  18a. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  17a. Thornton C. Lockwood London, W.2. Eng  17a. Thornton C. Lockwood London, W		_									Milita	ry/Re	iød	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave his to immediate cause (o).  Storting the underlying cause (o).  Storting the underlying cause (o).  Storting the underlying cause (o).  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDUTION GIVEN IN PART I(o)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  190. DOE CONTRIBUTING (CAUSES OF DEATH)  190. CONTRIBUTING (CAUSES OF DEATH)  190. CONTRIBUTING (CAUSES OF DEATH)  191. IMPROVING (CAUSES OF DEATH)  192. Id. INJURY OCCURRED (Institution of County)  210. INJURY OCCURRED (Institution of County)  210. I Certify that (I) (this hospital) attended the deceased from 192. Industry of Works Bullows, Etc.  220. I Certify that (I) (this hospital) attended the deceased from 192. Industry of Works Bullows, Etc.  220. I Certify that (I) (this hospital) attended the deceased from 192. Industry of Works Bullows, Etc.  220. I Certify that (I) (this hospital) attended the deceased from 192. Industry of Works Bullows, Etc.  220. BURIAL, (REMATION)  220. BURIAL, (REMATION)  220. BURIAL, (REMATION)  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. DATE SIGNED  225. SIGNATURE  226. BURIAL, (REMATION)  227. DATE SIGNED  228. DATE SIGNED  229. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. DATE SIGNED  225. DATE SIGNED  226. DATE SIGNED  227. DATE SIGNED  228. DATE SIGNED  229. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. DATE SIGNED  225. SIGNATURE  226. DATE SIGNED  227. DATE SIGNED  228. DATE SIGNED  229. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  220. DATE SIGNED  221. DATE SIGNED	1		Ostmell	ie :	S.	Page			Mary Mary	Calef				Last
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196. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  210. INJURY OCCURRED  AND OFFICE BURION  ADDRESS  210. AUTORITY  210. INJURY OCCURRED  210. INJURY OCCURRED  ADDRESS  210. AUTORITY  210. INJURY OCCURRED  ADDRESS  210. AUTORITY  210. INJURY OCCURRED  AUTORITY  ADDRESS  210. AUTORITY  210. INJURY OCCURRED  AUTORITY  ADDRESS  210. AUTORITY  ADDRESS  210. AUTORITY  ADDRESS  210. AUTORITY  ADDRESS  210. AUTORITY			PART I. DEATH WAS CAL IMMI Canditians, if any, which gar rise to immediate cause (c stating the underlying cou- last.	DUE T	(b)(C), OR AS A	CONSEQUENCE OF	ral o	thru	nbo-	ns scler	osis		6 W	NSET AND DEATH CUR
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Yeor 19   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY   AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	2	TIFICATION	332×				Y. S	20o. AU	TOPSY?	20b. 1	F YES, WERE F		INSIDERED IN CE	RTIFYING
While of work			OR CONTRIBUTING CAUSE OF	DEATH HOU	R A.M. A	Manth Day Yeo	19					or Port 2, 1		State
220. SIGNATURE  M.D. DEGREE ATTENDING DIRECTOR D		N						1			11. 1	2219/		
M.D. DEGREE PHYS. DIRECTOR MCD.  22d. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas. Jr. M.D. 22e ADDRESS DIRECTOR DIRECTOR MCD. DIRECTOR DIREC				alive on_ ive, (I) (we	(dja) (di	d not) view the	19 Jan bady ofter	d that in ( death.	my) (our) opi	nion death	occurred o	n the do	te ond hour	ond from t
23d. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  24. FUNERA DIRECTOR 25d. REGISTRAR 25b. R		L	15 V	Thine	10	Ja						] 2:	2 April	
CREMOVAL Specify 4-23-1968 Codar Hill Crematory Washington, D.C.	1	22-	NAME(Type) Dr.		Thoma									
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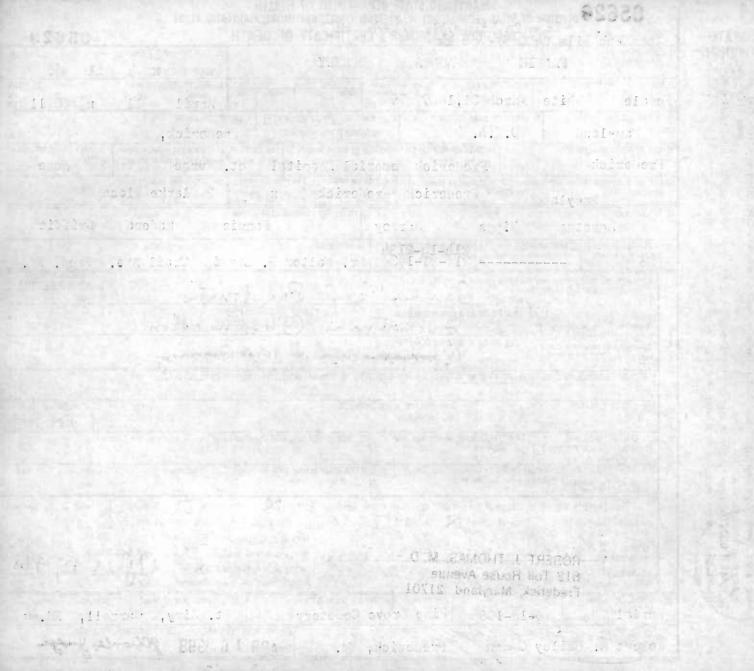
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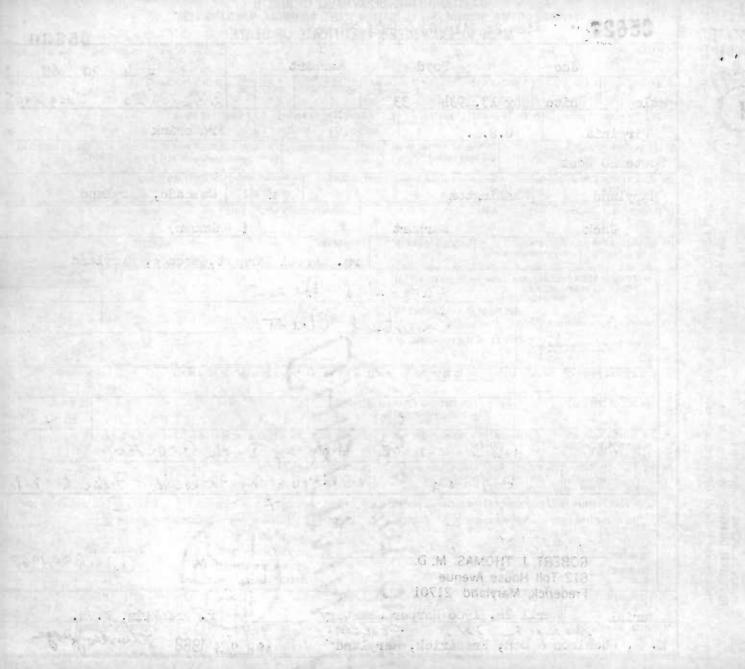
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I within 24 n pencil in Exominer's File pages n 72 hours	160.	WAS DECEASED EV es, no, or unknow NO	ER IN U.S. ARMED FO	ORCES? or or dates of service)	214-21	41434	17. INFORM		r B.	Lar	kin	ADDRE		. F	red.	Md.
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auer der 2/	0	mary 1 saffd	27 1 2 3	Wash.	Ingto	n	V			YES 😿 N	10 🗆	Cas	cade,	Mary	land		
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/	CERT	210. EXTERNAL CAU	SE WAS	21b. TIA	E OF INJURY	/ Month, Do	γ, Yeor	21c. HOW	INJURY OC	CURRED (En	ter notur	re of injury	in Port 1 c	or Port 2, It	rem IB.)	7	
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	23a.	BURIAL, CREMATION	Frederic	BATEMan	yland	23.7M	E OF CEMETER	Y OR CREM	MATORY		23d.	LOCATION	(City or To	wn)	(County)	(Ste	ote)
		REMOVAL (Specify) Burial	Apr	ril 24	, 196	8 Har	per Se	meter	У				Frank	lin,	W.Va	•	
		FUNERAL DIRECTOR				-	ADDRESS	lele	7-	2So. REC'I			1 /	EGISTRAR'S		uda	-
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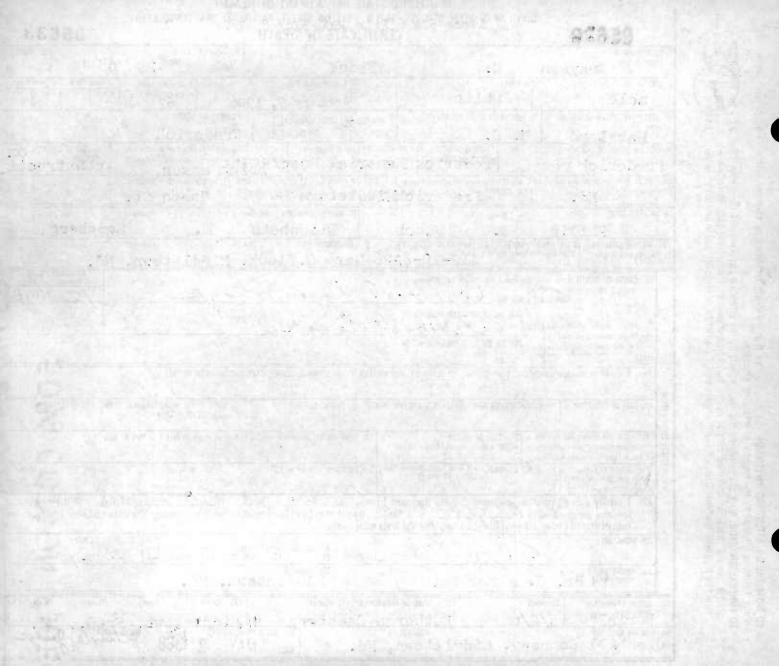


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type or print) April LILLIAN FAHRNEY GAITHER :45A M IF LINDER 1 YEAR SE LINDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years DAYS last birthday) HOURS 4 Sept 1895 Female White event, within 72 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) Maryland and campletely filled in Frederick U. S. WIDOWED A DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) INDUSTRY Store give street oddress) Frederick Nursing Center Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? requires that the death certificate be executed admission) STATEMaryland 13b. COUNTY Frederick YES X NO 19 N. Court St. Frederick and in any 14. FATHER'S NAME last 1S. MOTHER'S MAIDEN NAME First Middle Matilda A. Anderson Samuel R. Gaither 200 resCollege Ave.. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 214-10-2722 Francis S. Gaither, Sr. Frederick, Md. 21701 burial, crematian, or removol, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO TX YES 🗀 detached far use te Dept. af Health p O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State with the State Dept. City or Town County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram July , 1967, to form 1968, that (1) (we) last saw the deceased olive an 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 20 April 1968 directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS Frederick. Md. 22d. PHYSICIAN'S Willis J. Riddick. M. D. Frederick Medical Center. NAME (Type) 21701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION, BI REMOVAL (Specify) 4/22/68 Frederick-Frederick-Maryland Mount Olivet Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) M. R. Etchison & Son, Frederick, Md. 21701 Ocharles 30M REV, 1/68

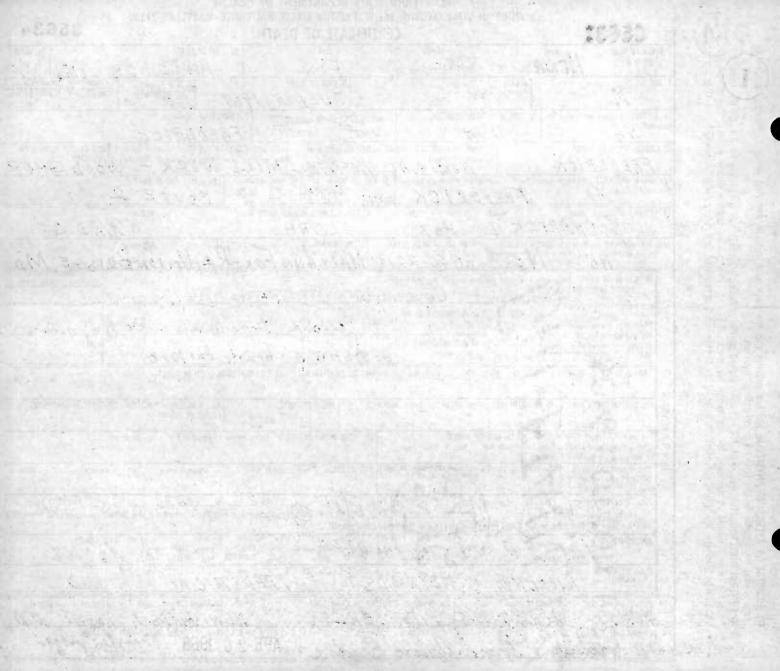
LILLIAN CATTER PARKEY April 10, 1963 3:GEA  Laryland H. S. K Prederick  Prederick Marsing Center Sales Lady-Department Store  Lavyland Prederick Frederick X 10 N. Court St.  Samel R. Galther Matilds . Anderson  Samel R. Galther Stancis S. Gaither, Sr. Prederick, Mr. 2170  214-10-2722 Francis S. Gaither, Sr. Prederick, Mr. 2170  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.  Millis J. Riddick, R. D. Prederick Medical Center, Frederick, Md.	ALING V						R. Carlotte
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	*		05220	DIVISION OF VITAL REC	ORDS, 301 W. PRE	TE OF DEATH	ORE, MARYLAND 21201	05633
	· (NA)	1.0	ECEASED-NAME First	Midd			20. DATE OF DEATH	2b. HOUR
	to the second		Type or print) Graysor		Floc		Month 29 Doy	
	15 To	3. 5		4. RACE		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	to 2000		male	white	J	anuary 9, 190	lost hirthdox)	MONTHS DAYS HOURS MIN.
	hour s. P hour	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	HARRILD	NEVER MAKKIED	COUNTY OF DEATH	
	24 l d ir per 72		Maryland	U. S.	WIDOWED		Frederick	Md
	IAN: The law requires that the death certificate be executed within 24 hours after death of or ottending physician. It is not to be seen signed by the ottending physician and completely filled in by the Tunkrat for use as the buriol-transit permit. Then please remove carbon papers. Pages I and the lealth priar to buriol, cremation, or removal, and in any event, within 72 hours after death the second process.		CITY OR TOWN OF DEATH	Taive Steel add Tss)	alor INSTITUTION (If not	in haspital 12a. USUAL O	OCCUPATION (Kind of work done of working life, even if retired.)  CK MASON	12b. KIND OF BUSINESS OB n INDUSTRY CONSTRUCTI
	ed w letel corb corb	13a.	USUAL RESIDENCE (Where decea	sed lived, if institution: Residence	before 113c, CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	00220010002
	comp sove /	odm	ission) STATE Md.	13b. COUNTY Freder	rickMiddle	etown YES NO	dieen be.	
	nd of cony	14.	FATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME First	Middle	Lost
	se l	L	Philip		ook	Elizabeth		Remsberg
	icate sicic pleo pleo l, an	160	(es no ar unknawn) (If yes give			ORMANT	Address	343
	phy phy ovo	-				ry C.FIOOK,	Middletown,	Md .  APPROXIMATE INTERVAL
	re Te		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per lipe (dr (o), (b),	and (c).)	1/2 - 1	1	BETWEEN ONSET AND DEATH
	deat mit, or		IMMEDI	ATE CAUSE (o)	wear 1	semo mu	rge	12 WS
	the of per		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUE	ENCE OF	, ,		
	y the		rise ta immediate couse (a),		ENCE OF	or see		
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	physical phy		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO 1	HE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	
	ng F en s en s to b	Z	331x					
	law endii bee us th	ATIO	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
	The offer the p	CERTIFICATION				YES NO	CAUSES OF DEATH?	
	AN: I or cote or u		210. ACCIDENT WAS UNDERLYI		21c. HOW	INJURY OCCURRED (Enter no	ture of injury in Part 1 or Port 2,	Item 18.)
	of the office of	MEDICAL	(If either, notify medical exam	iner) P.M.	19			
	ATTENDING PHYSICIAN: The law stained by the hospitol or ottendir CTOR: After this certificote hos bee should be detoched for use as the ith the Stote Dept. of Health priart	2	While Not while	. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY.) 21f. LOCA	ATION Street or R.F.D. No.	City or Town	County Stote
	te D	3	of work of work	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11	br 28 1968	Show 2 4 10	100 11-11111 1111
	Afte be Sto	н	saw the deceased of	nis haspital) attended the	8 1968 and/	that in (my) (our) opinio	on death/occurred an the do	that (I) (we) lost
	OR: ould ould the	1	couses stated abav	e, (I) (we) (did) (did not) vie	ew the bady ofter de	ath.		
	OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or ottending physician.  JIRECTOR: After this certificote hos been signed by le 3 shauld be detoched for use as the buriol-tror ed with the Stote Dept. of Health priar to buriol, cre	Н	22b. SIGNATURE	pli	71-1	ATTENDING MED. DIRECT	CTOR STAFF 22c.	DATE SIGNED
	be reported willed w		OOA DINCICIAN'S	Semer 1	Sorp DEGREE	PHYS. DIRECT	CTOR L PHYS. L	4-29-48
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health priar to		22d. PHYSICIAN'S NAME (Type) Dr	J. Elmer Har	p /	Middletow	n, Md.	
	Je 4 UNE ectol ould	230		DATE 23c. N	IAME OF CEMETERY OR CE	REMATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
	5 5 5 4 XX	7			theran Cer			Fred Md
	VR A15(4)		FUNERAL DIRECTOR		ADDRESS	2So. REC'D BY R	EGISTRAR 25b. REGISTRARY	
	30M REV. 1/68	1	ladhill Com	pany. Middlet	cown. Md.	DATE MA	Y 2 1968 FC	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05634 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) ورن JEUS signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remove carban papers. Pages t burial, crematian, or remaval, and in any event, within 72 hours after 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) OAYS HOURS YRS requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED country) WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) STATE A NOX YES 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give we or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: GENERAUTE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) HROMBOSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [ Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town Stote County While Not while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased fram 4/13 1968 . ta 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an-3 should causes stated above (1) (we) (did) (did nat) view the bady after death 22h, SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 0 250. REC'D BY REGISTRAR DATAPR 26 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05632 05635 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2g. DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Manth Reno trear ca. Annil 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. by the attending physician and completely filled in by the transit permit. Then please remove corban papers. Pages cremation, ar remaval, and in any event, within 72 hours aft lastobisthdoy) DAYS 12-24-1874 MONTHS Female White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Kentucky U.S.A. Frederick. WIDOWEDXX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Convalescent Home Ret. Homemaker Braddock Heights None 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 302 West 12th Street Frederick Frederick YES NO Marvland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle May Short Lewis Reno 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yas, na, ar unknawn) Dr. Mary F. Keeler 302 W. 12th St. Fred. Md. 179-36-5983 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral arterial Thrombosis IMMEDIATE CAUSE (a) \_\_ DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditions, if any, which gave ) Cepebral astern selecons rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO K af Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1960, 1960, to 1960, to 1960, that (I) (we) last saw the deceased alive an 1960, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 3 shauld 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE directar, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS Dr. L. R. Schoolman M.D. NAME (Type) Braddock Heights. Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) BUT STAL (Specify) 4-25-1968 Hollenbach Cemetery Wilkes-Barre, Luzerne, Penn, 24. FUNERAL DIRECTOR 1988. REGISTRAR'S STONATUR ADDRESS VR A15 (4) 30M REV. 1/68 Dailey & Son Frederick, Marylandpate

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05636 2b. HOUR First 2a. DATE OF DEATH DECEASED-NAME Middle Last requires that the death certificate be executed within 24 haurs after death and Month 12 Day 196 9 (Type or print) Ruth Amy Gale April 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX lest birthday) Female White October 1, 1871 rban popers. Page . . within 72 hours a 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Frederick. WIDOWED X DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give treet address) Mill during most of working life, even if retired.) Rural Erederick None 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN burial, cremation, or removal, and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Frederick YES NO Frederick 134 West Second Street 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Lost David N Kemp Columbus Walcutt Serena Ann 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no, or unknown) 220-44-2852 Mrs. Frank C. Clemson Route #1 Fred. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T NO X Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceosed from 1/2, 192, ta 11/2, 192, that (I) (we) lost sow the deceased alive on 1/2, 1/3, ond that in (my) (our) opinion death occurred an the date and haur ond from the director, page 3 should should be filed with the couses stated above, (I) (we) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED M.D. DEGREE ATTENDING MED. DIRECTOR 4-12-1968 22e. ADDRESS Dr. B. O. Thomas. M.D. Jr. NAME (Type) 228 N. Market Street Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) BMOYAL (Specify) Mount Olivet Cemetery 4-16-1968 Frederick, Frederick, Md. ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Robert E. Bailev & Son DATE APR 1 30M REV. 1768 Frederick. Md.

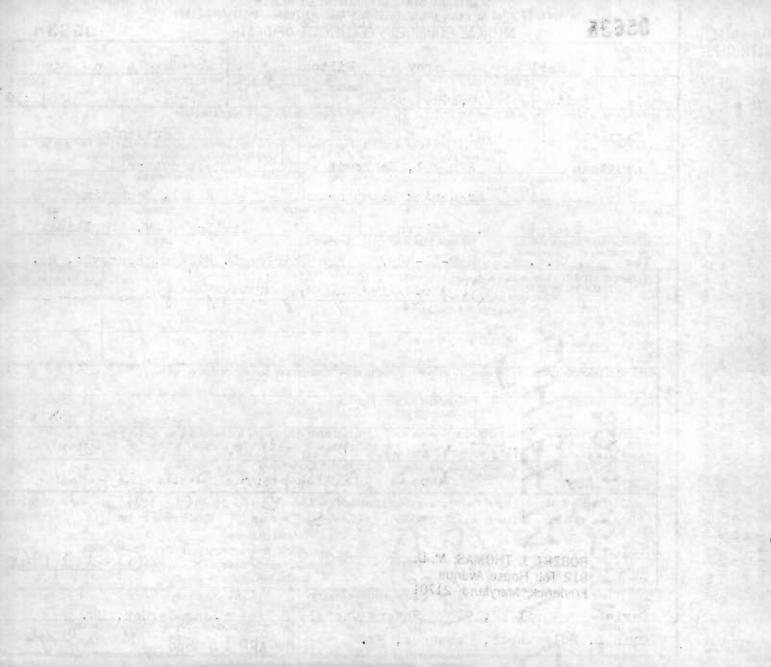
MARYLAND STATE DEPARTMENT OF HEALTH

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1	H-19-59 mt DIVISION OF VITAL RECORDS 201 W PRESTON STREET PAITIMORE MARVIAND 21201
TAN	II tem 20 & 2-DIVISION OF WHAL RECORDS, 301 W. PRESION SIREEL, BALLIMORE, MARILAND 21201
FOR STATE()	13.632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOU
	(Type or Print)  Dessie Idella Bowie Pendleton Hallman  OF ESTI-  DEATH MATED 4 2 1968 38
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delay is and 3 to man of man of	lost birthdov) MONTHS DAYS HOURS MIN Manuals Days
	Female Negro 7-18-1929 38 VRS 4 2 19 683A
ep e	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
orn orn	COUNTRY) Md U.S.A. WIDOWED DIVORCED Frederick
tat	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
dec with with	give street oddress) during most of working life, even if retired.) INDUSTRY
24 haurs after death ny in Item 18. Give Pages 1, 2, r's Office along with farm Phes I and 2 with the State Departers after death.	give street oddress)  D.O.A. Frederick Mem. Seamstress  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN  13d. IMSIDE CITY LIMITS?  13e. STREET AND NUMBER
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hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Fined and all Md
be executed within "pending" in pencil nief Medical Examine ansit permit. File pag event within 72 hau	(Yes, na, ar unknown) (If yes give wor or dotes of service) No Service Unknown Dorothy P. Rollins 201 A.W. South St
l with person per Exar File	
ecuted ing" in edical Exermit. Fi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Congestive Heart Failure
e execute pending" ef Medica isit permit	IMMEDIATE CAUSE (o)
be exemple be exemple be be exemple be exemple.	DUE TO, OR AS A CONSEQUENCE OF
be hief	Conditions, if only, which gove rise to immediate couse (a), (b) Hepatic & myocardial degeneration
vard he Ch ial-tra	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
EXAMINER: This certificate shauld be executed within 24 haurs after death ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form or your files.  R:Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Deal, cremation, or remayal, and in any event within 72 haurs after death.	lost. Chronic alcoholism
is certificate sho te, writing the v forwarded ta th te used as a buri remaval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
This certificate cate, writing the be forwarded to be used as a borremayal, and	SELL
val val	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
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KAMINER: te the certi ge 4 shauld your files. age 3 shaul crematian,	WHILE NOT WHILE AT WORK AT WORK AT WORK
DEPUTY SICAL EXAMINER: This cessary, please execute the certificate, e funeral director. Page 4 shauld be for may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be uself prior to burial, cremation, or ren	220. I certify that I toak charge af the remains described above, held an Autopsy 🔭 Inspection 🗍, Inquiry 🔲, and in my apinic
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blease ex- directar. etained f DIRECTO	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
direction of the direct	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL OF DATE SIGNED
	SIGNATURE ASSISTANT MEDICAL EXAMINER 220. MATE SIGNED
PUI pan pan pan pan pan pan pan pan pan pan	EXAMINER'S ROBERT J. (THOMAS, M. D. DEPUTY MEDICAL EXAMINER X 4-2-68
O DEPUTY necessary, if the funeral S may be r O FUNERAL Health print	NAME (Type) 812 Toll House Avenue ADDRESS(Street, city, town, or county)
ro DEPUTY SICA necessary, please extremely director. 5 may be retained for FUNERAL DIRECTOR Health priar to bur	230. BURIAL CREMATION. Frechesticks: Maryland 1281 MANH OF CEMETERY OR CREMATORY 123d LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify)
CAN	Burial   4-6-1968   Ebernezer   Ijamsville Fred. Md  24. FUNERAL DIRECTOR   1250. RECID BY REGISTRAR'S SIGNATURE
VR A15ME (5)	and and the Contract
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24 h in It r's O r's O			Georg		Hilton				Ste	lla	V	. M	<i>[ullini</i>	х
within 24 pencil in xominer's ile pages 72 hours		160. WAS DECEA (Yes, na, or u	SED EVER IN U.S. ARMED FO nknawn)   (If yes give w		6b. SOCIAL SECURITY		7. INFORMANT				ADDRESS			
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te should be executed the word "pending" is a to the Chief Medical oburial-transit permit.		last.		(c)						TUES				
certificate should be executed writing the word "pending" in rewarded to the Chief Medical E used os o burial-transit permit. F		PART 2. C	THER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED 1	TO THE TERMINAL [	DISEASE OR C	CONDITION	GIVEN IN PA	ART 1(a)			
writing trwarded trsed os o	ì	2 10a DAT	OF OPERATION	110	9b. CONDITION FOR	WHICH OPE	PATION					-	20. AUTOPSY	?
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INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1 should be forwarded to the Chief Medical Exominer's Office files.  3 should be used as a burial-transit permit. File pages 1 and 2 pages 1	5		RNAL CAUSE WAS	21b. TIME OF IN	JURY Month, Day, Ye	ear 2	1c. HOW INJURY O	CCURRED (En	nter matur	e of injury in	Part 1 or P			
INER: T e certific should b files. 3 should	,	PRIMARY CAUSE O 21d. INJU	OR CONTRIBUTING	120 P.M.	4-8-191	68	Hung	self	D.	van -	nee	ec	nam	
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ICAL EXAMINER: This certific e execute the certificate, writin tor. Page 4 should be forwarded for your files.  CTOR:Poge 3 should be used or removal	5	-	LL AI WORK BELL				Mr. Ken		~ NCD	The	aer	-ch-	- charact	
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necessary, please execute the funeral director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Houlth prior to buring commends.		NAME	Tynel 812   011	House Av	enue	W.		DRESS(Street	t, city, tav	vn, ar county	)	0		
10 the 10 the		230. BURIAL,	REMATION Tred 0231C				OR CREMATORY		23d.	LOCATION (C	ity or Town	) ((	County) (S	tote)
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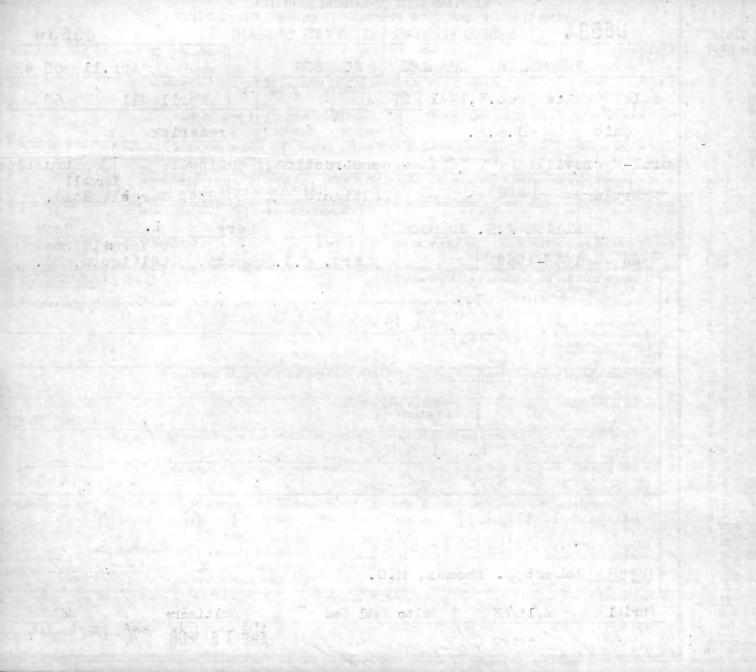


MARYLAND STATE DEPARTMENT OF HEALTH 05636 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR Middle 1. DECEASED-NAME April (Type or print) How. Sr Calvin Thomas IF UNOER 1 YEAR IF UNCER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 3. SEX OAYS MONTHS 3 should be detached for use as the buriol-tronsit permit. Then pleose remave corban papers. Pages with the State Dept. of Health prior to burial, cremation, or removol, ond in ony event, within 72 hours aft 1-16-1893 YRS Negro Male requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED and campletely filled in WIDOWED | DIVORCED [ TI.S.A. Frederick Maryland 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give street oddress INDUSTRY Frederick Frederick Mem Hosp 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Md Waterville Mt 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Alice NMN Hammond Peter Vincent HOV 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknown) (If yes give war or dates of service) \*\*\*\*\* 219-01-1711 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b). PART I. DEATH WAS CAUSED BY signed by the ottendii buriol-tronsit permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave ; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6) Page 4 moy be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year P.M. If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. Na. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn Caunty State While Not while 22a. I certify that (I) (this hospital) attended the deceased fram Africa 26, 1968, ta Africa 71968, that (I) (we) last saw the deceased alive an Africa 71968, and that in (my) (out) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did ) (did nat) view the bady after death. **ATTENDING** MED. DIRECTOR director, poge should be filed House Ave., Frederick, NAME (Type) Ade 1 Demiray. M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23a. BURIAL CREMATION. REMOVAL (Specify) Woodville Woodville 0 4-30-1968 Howard 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE APR C.E. Hicks. 111 Frederick. Md

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FOR STATE	neen a second	5536
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
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5 章 章 5 章	230. BURIAL, CREMATION, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  Balto Natl Com  Baltimore	(Stote) Md
OR.	-24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REG	E Oudel
VR A15ME (5)	Mchilly F-14- 737 Hatopse are DATE APR 15 1988	10



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05641 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\_DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Middle 2b. HOUR (Type or Print) ESTI-DEATH MATED 6 M Curtis James 6. AGE (In years SE UNDER 24 HRS 3. SEX 4 RACE S DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d HOUR last birthday) Year 1968 3-22-1908 Male Negra 60 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH form WashingtonD.C. U.S.A DIVORCED [ WIDOWED [ Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR P.K. Mills Rd Fred Parkmills rd Adamstown schoolcustodian INDUSTRY \*\*\*\*\* deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER N. York 13b. COUNTY N. Yk admission) STATE YES NO New York 265 W. 132nd lond 2 ofter 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Russell NMN Katie Belle Thomas Jones hours pencil i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Adams town . Md (Yes, na, or unknown) 104-12-7842 Mrs Katie B. Manley box 163 APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY: pending RUPTURED AORTIC ANEURYJM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIO SCLEROSIS Canditians, if any, which gave rise to immediate couse (o), word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause . ⊆ writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Hyperderisive Heart Disease: removol, 190 DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK please execute 22a. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry and in my opinian Natural causes Suicide [ death resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL D 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 m. TO FUN. Heolth **EXAMINER'S** Toll House Avenue ADDRESS(Street, city, town, or county) NAME (Type) Frederick, Maryland 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) Frederick Md Hopehill Hopehill 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 gelearles Jud VR A15ME (5) C.E. Hicks. 111 Frederick. Md 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05643 05640 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 hours ofter deoth. Month April (Type or print) **JOHN** MONROE KELLY IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years tronsit permit. Then please remove corbon papers. Pages crematian, or removol, ond in ony event, within 72 hours offel DAYS HOURS last birthday) Male. White 29 March 1902 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED completely filled in Mary land Frederick U. S. WIDOWED (X) DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Md. Odd Fellows Home during most of working life, even if retired.) INDUSTRY Dairy Products Frederick 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY 332 S. Jefferson St. Frederick YES X Frederick NO Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Elizabeth A. Umberger Kellv Jesse M. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) I (If yes give war or dates of service) Md. Odd Fellows Home, Frederick, Md. 21701 214-10-4892A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) prior to b as the 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? hos CAUSES OF DEATH? NO KT YES 🗍 for use Health p O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from for man, 19 6 /. to saw the deceased alive on Abril 18,19 Let and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated abave, (i) (we) (and) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 19 Apr 1968 director, poge 3 should be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S LeRoy T. Davis, M. D. 228 N. Market St., Frederick, Md. 21701 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) 4/22/68 Mount Olivet Cemetery Frederick-Frederick-Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) M. R. Etchison & Son. Frederick, Md. 21701

30M REV. 1/68

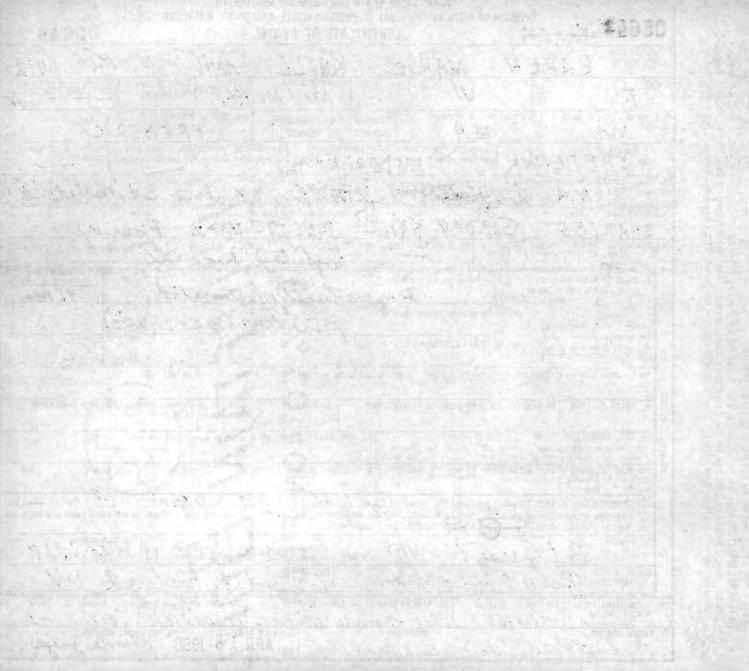
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	05641 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR
S O	(Type of Film)
P 3 7	3 SEX 4 PACE S DATE OF RIPTH 16. AGE (In words 1 F ONDER 1 YEAR 1 F UNDER 24 HRS. 2c DATE PRONOIINCED DEAD 2d HOURE
de Sand de	Female Negro 10-4-1930 37 YRS. HOURS MIN. Month 4- 16 19 68 A M
In Page 12.	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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s after 18. Give a along 2 with t death.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
18. 18. de de de	odmission) STATE No 13b. COUNTY Frederick Frederick Frederick ST NO 16 W. 6th Street
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24 in F r's ( r's 0	Charles Henry Coates Ida Ewelyn Thomas
hin 24 ncil in niner's pages haurs	166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. no. or unknown)  (If yes give wor or deptes of service)  215-26-2156  Jo Ann Brooks New Windsor. Md 21776
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red al E	18. CAUSE OF DEATH (Enter only one couse per mae for (0), (0), ond (0)
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pen pen sit p	Conditions, if only, which gove )  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove )  DUE TO, OR AS A CONSEQUENCE OF CONTROL OF
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ertil writ war war sed ava	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
is c far far far rem	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)
INER: This certificate shauld be executed within 24 haurs after death should be the word "pending" in pencil in Item 18. Give Pages 1 shauld be farwarded to the Chief Medical Examiner's Office along with fortifles.  3 should be used as a burial-transit permit. File pages 1 and 2 with the State Datian, ar remaval, and in any event within 72 haurs after death.	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  HOUR A.M.
rent cert cert cert les. Shou	CAUSE OF DEATH P.M. 19
bical Examiner: This certific se execute the certificate, writin set execute the certificate, writin ned far yaur files.  ECTOR: Page 3 should be used as burial, crematian, ar remaval,	Z1d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not not while not not while not
L EXA ecute Page ar yau R:Pag	AT WORK AT WORK
AL I	220. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry , and in my opinion
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o DEPUTY SICA necessary, please exthe funeral director. 5 may be retained o FunerAL DIRECTOR. Health priar to bu	NAME (Type) 812 Toll House Avenue ADDRESS(Street, city, town, or county)
ro DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your for DINERAL DIRECTOR: Page Health priar to burial, crem	230. BURIAL, CREMATION, Frederick, Maryland 232 Name of CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify)  Burial 4-20-1968 John Wesley  Liberty Town Fred. Md
(4/0	24. FÜNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (6) 10M REV. 1/05	C.E. Hicks, 111 Frederck, Md DATE APR 18 1968 Office 10.

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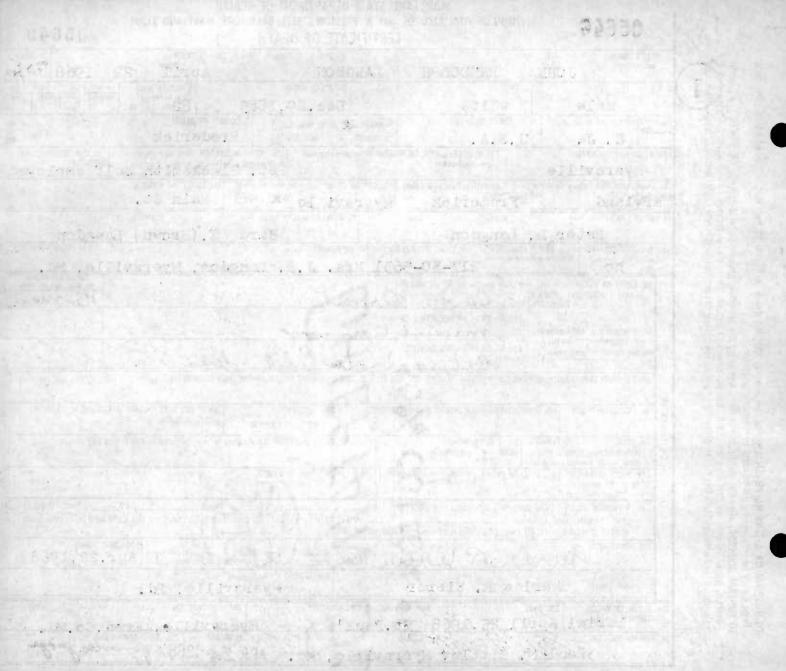
	H.	MARYLAND STATE DEPARTMENT OF HEALTH
Pale 18 Tage 17 Later	0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	U	CERTIFICATE OF DEATH 05646
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within within within		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY
and campletely filled in remave carban papers.	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (ISSIAN) STATE MA 13b. COUNTY (150 ) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{NO} \) Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{NO} \) Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{NO} \) Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?
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requires that the death certificate be executed within 24 hours after signed by the attending physician and campletely filled in by the fourial-transit permit. Then please remave carban papers. Pages 1 aburial, cremation, or remaval, and in any event, within 72 hours after	16a.	. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknown) (If yes give war ard dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT
ph)	H	APPROXIMATE INTERVAL
ding ding		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:  ### MANAGEMENT CAUSE (c)  ### MANAGEMENT CAUSE (c)  ### MANAGEMENT CAUSE (c)  ### MANAGEMENT CAUSE (c)
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at the the consist position		Conditions, if any, which gave)  Qentation Oge - Zours
equires that th physician. signed by the burial-transit p		rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
rres /sicie ned ial-t		last. (c)
v requing phymen signer signer to bur	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. S FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar ta burial, cre	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I ar are or use lealt		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
irrificed for the second secon	MEDICAL	(If either, natify medical examiner) P.M. 19
PHYS he has this ce tetache Dept.	W	21d. INJURY OCCURRED While Not while at work At work At work State Building, ETC.  At work At Home, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.  At work At w
by the free be constant		22a. I certify that (I) (this hospital) attended the deceased from lo April , 19 of , to loffeld , 19 of , that (I) (we) la
TTEND gined OR: A nould h the		saw the deceased alive an final 1965, and that in (my) (our) apinian death occurred an the date and havr and fram the causes stated abave, (I) (we) (did) (did) (view the bady after death.
OR A DIRECT STREET STRE	1	226. SIGNATURE RLG Wast ND DEGREE PHYS. DIRECTOR D STAFF D 22c. DATE SIGNED. 10 April 68
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal		22d. PHYSICIAN'S Russell L. Ywest, M. D. 22e-ADDRESS (W3rd St. Frederick, Md.
Hos Age 4 Fundament of the Popular o	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY DR CREMATDRY 23d. LDCATIDN (City or Town) (County) (State)
22 2 2	RE	REMOVAL (Specify) 4/10/68 FRED MEMORIAL HOSPITAL FREDERICK FRED. MD.
VR A15 (4) 30M REV 11 68	24.	EUNERAL DIRECTOR Line Colon Frederich Mend 1 Sof. DATE APR 18 1968 Glienes Judge
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4)	05645	DIVISION OF WHAT RECOR	CERTIFICATE OF D		MARTLAND 21201	05648
	ASED-NAME First LYDIA	Middle M.	LAMBERT	2o. DAT	Month Day	Year 2b. HOUR
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90 Fr	or town of DEATH	11. NAME OF HOSPITAL O	RINSTITUTION (If not in hospitol Hall Nurs. H	120. USUAL OCCUPA	TION (Kind of work done king life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
admission	n) STATE Md.	ed lived, if institution: Residence bef	Lewistown	/ES NO 🔀	e. STREET AND NUMBER Thurmont	RD 1
/ 14. FATH	HER'S NAME First John I	Middle Lo Baer		en name First nnie Ra	msburg Middle	Lost
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Cor rise sto los:	PART I. DEATH WAS CAUSED IMMEDIA  7, 9  Inditions, if any, which gave e to immediate cause (a), bring the underlying couse (it.	y one cause per line for (a), (b), and BY: TE CAUSE (a)	AL ARTERIOS		GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH  S-10148
X RIFICATION 3	34X DI	MBETES MELLITU CONDITION FOR WHICH OPERATION WA	S PERFORMED 200. AUTOPS YES	Y? 20	Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH?	
EDICAL ∃□	OR CONTRIBUTING CAUSE OF DEATH either, natify medical examin	HOUR A.M. Manth Day (	ear 19		City or Town	Caunty State
at v	hile Nat while at wark  2a. I certify that (1) (this saw the deceased all	PLACE OF INJURY (AT HOME, FARM, STREI OFFICE BUILDING, ETC. s haspital) attended the decive an	eased from 1968, and that in (my)	, 19 <b>60</b> , ta (aur) apinian dec	ath accurred an the dat	
	d. PHYSICIAN'S NAME (Type) Rich	<u> </u>	804 22e. ADDRE	s House A		cick, Md.
A BE		-10-68 Uti	of cemetery or crematory	Nr.	CATION (City or Town)  Lewistown	
24. EUN 58 / a	VERAL DIRECTOR	Raymond Raymond	Creager Churmont Md	DATE RECISION	AR 1968sb. REGISTRARS	Judge.

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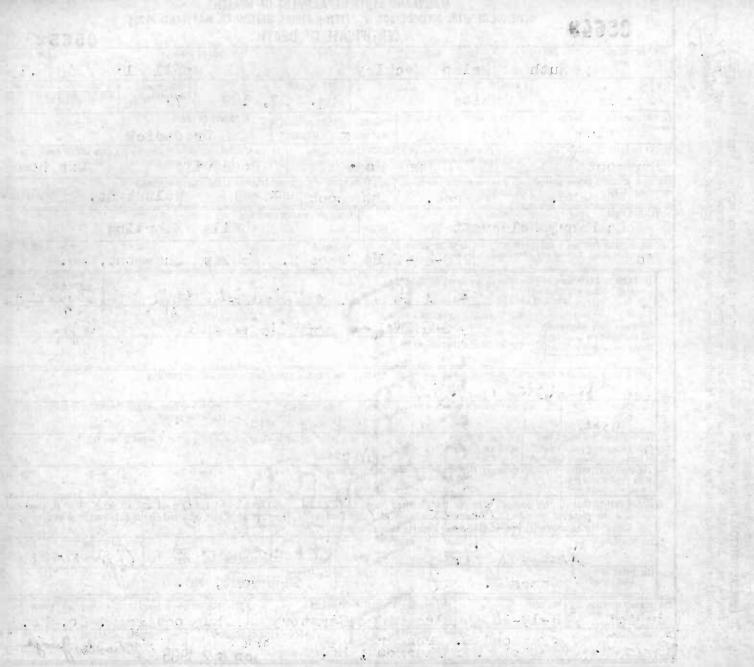
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35647 05650 CERTIFICATE OF DEATH Middle Last 2g. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR April Month 26 (Type or print) Naomi 0. Long purial-transit permit. Then please remave carban papers. Pages 4-burial, crematian, ar removal, and in any event, within 72 hours after 3. SEX 4 RACE IF UNGER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In years lest birthday) White 1887 Female March 6. requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED campletely filled in Maryland WSA DIVORCED | Frederick WIDOWED K 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) INDUSTRY Frederick k Memorial Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY Fred. Creagerst Thurmont Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Lost Ahalt Flook Fannie John 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 220-111-5981 Thurmont. Masten D. Long Md. RD 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(d) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram—saw the deceased glive an 4/22/68 and that in (my) (em) apinion death accurred an the date and have and from the 22c. DATE SIGNED : 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) A. Austin Pearre E. Church St. Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Nr. Frederick Fred. 4-30-68 Utica Cemetery 2Sa. REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR aymond DAH hurmont

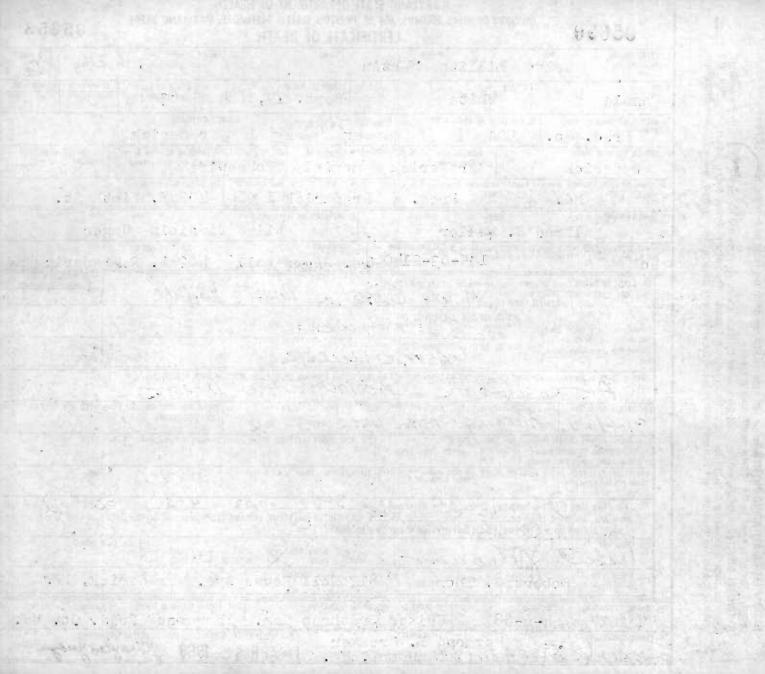
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ESTATE NO.				

2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE/		05648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5651
HEALTH DEPT.	1. D	Tuno or Drint)	0968 Year 25 HOUR 6 30
loy is 13 to Poge	3. 5		19 P-M
9 € E \		nale white 7-18-1932	Yees 8 M
J. 2, m. Phys. Phys. 1, 2, c.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  THY) Balto. Co USA WIDOWED DIVORCED Frederick	
ges for			b. KIND OF BUSINESS OR
deot e Pa with			DUSTRY A. D.
thin 24 hours after death nail in Item 18. Give Pages niner's Office along with for pages 1 and 2 with the State hours after death.	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dmission) STATE Md. 13b. COUNTY Fred. Thurmont YES NO.	
hours after Item 18. Gi Office olong I and 2 with	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost
24 hin th		William S. Love Margaret Ankacr	ona
d within 24 hours after deoth in pencil in Item 18. Give Pages 1 Examiner's Office olong with form. File pages 1 and 2 with the State Din 72 hours after deoth.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (es no, or unknown) (If yes give war or dates of service) 660-28-1228 Ann B. Love Thurmont, Md.	RFD
ed w in I II Ex II Fill		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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te should be executed wit the word "pending" in pe to the Chief Medical Exar o buriol-tronsit permit. File ind in any event within 72		stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     lost:   (c)	
de de	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificon writtion of the control of the certificon of the certif	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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INER: This to certificate should be files. 3 should be notion, or re	MEDICAL	PRIMARY TOR CONTRIBUTING HOURAM. 4-4 1968 Car struck culvert	
MINER: the cert 4 shoul r files. 3 shau motion	MEI	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Joyn	County State
ICAL EXAMINER: e execute the cert ctor. Page 4 shouls ted for your files. ECTOR: Page 3 shou buriol, cremotion,		AT WORK C. AT WORK C.	n-ma,
AL For Pariol Uniol		220. I certify that I took charge of the remains described above, held on Autopsy Inspection I, Inquiry I,	and in my opinion
ase recto uined REC to b		deoth resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner	
		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 221 DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 221 DATE SIGNATURE	NED.
necessary, please execute the the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health, prior to buriol, crem		FYAMINER'S ROBERT J. THOWAS, WI. D. DEPUTY MEDICAL EXAMINER &	34,1968
o DE neces the fut 5 ma 5 ma Healt	- 00	F deviate Manufacial 21701	
57 7 50 5	230	Cremativon 4-7-68 Cedar Hill Crematory Washington, I	ounty) (State)
(3)	24	FUNERAL DIRECTOR  Thurmont ADDRESS . 250. RECD, BY REGISTRAR 125b. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68	10	cymont Creage Thurmont, Md. DATE 11 9 - 1500 gener	co judge
	1 4		

ROBERT L THOMAS, M. D. RIS TON HOUSE A PARIS FLEDENCE MOVEMBER 21703

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05649 CERTIFICATE OF DEATH 05652 DECEASED-NAME Last First Middle 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death. (Type ar print) April Ruth Helen Mackley 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lass (birthdoy) DAYS HOTIPS 1893 Female White signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Page burial, crematian, ar remaval, and in any event, within 72 hours af Aug. 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Jaryland USA Frederick WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR aive street address) during most of working life, even if retired.) Thurmont Home Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Walnut YES X NO [ St. bM. Fred. Thurmont 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Ella Mehrling John Henry Holdcraft 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yest po, ar unknawn) (If yes give war or dates of service) 220-118-1111 H. Mackley Thurmont, Md. James 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to me 00 FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO TO YES 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year now P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. OFFICE BUILDING, ETC. City or Town County Stote While Nat while 22a. I certify that (1) (this hospital) attended the deceosed from Dec. 15, 1967, to World 16, 1968, that (1) (we) last sow the deceased olive on Acc. 15 \_19 6 1, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22C-DATE SIGNED MED. **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S hurmont. Md. NAME (Type) James Grav 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 0 11-19-68 Blue Ridge Cemetery Thurmont Fred. Co. Md. Creager Thurmont, Md. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ymond 30M REV. 1/68 DATE





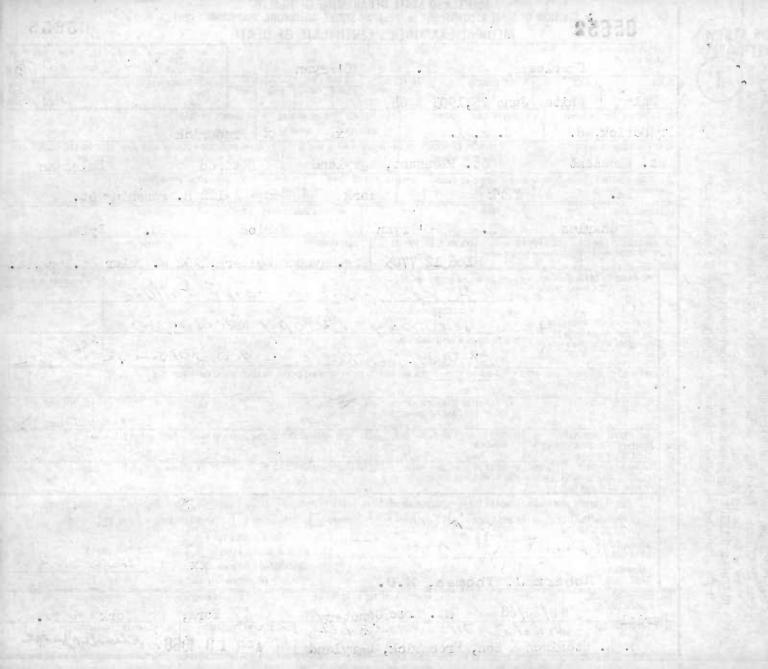
Mary	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	(LAND 21201
FOR STATE	05653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05654
HEALTH DEPT.	1. DECEASED-NAME First Middle Last	2g. DATE KNOWN Manth Day Year 2b. HOUR
is de de	(Type or Print) Preston Junior Moore Sr	DEATH MATED 4 12 168 A
Page Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER PYEAR IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD 2d. HOUR
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with Starth		OCCUPATION (Kind of work dane of working life, even if retired.) INDUSTRY
L > m +/.	Frederick 415 W. South St Butch	her ******
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hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
	(Yes, na, or unknawn) (If yes give war or dates of service) RO 220-10-5535 PhYlis Moore	00 Times and To 1 Mil
with he Exan Exan File		28 Lincoln Apt Fred Md
be executed "pending" in iief Medical Es	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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NER: T certifice hauld b iles. shauld shauld	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home. form. street. 21f. LOCATION Street or R.F.D. No.	
e ce sha sha fille fille ash	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No.	City or Tawn County State
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please directive branch of the plant of the	CHIEF MEDICAL EXAMI	NER
	SIGNATURE M.D. ASSISTANT MEDICAL EX	AMINER 22b. DATE SIGNED
Sary Sary	DEPUTY MEDICAL EXAM	AINER 3 4-12-68
o DEPUTY  necessary, please the funeral direct 5 may be retaine 0 FUNERAL DIRE	NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, t	rawn, or county)
Fe He	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23c	d. LOCATION (City or Town) (County) (State)
	REMOVAL (Specify) Burial 4-15-68 Fairview	Frederick Fred. Md
The state of the s	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY R	
VR A15ME (5)	C.E. Hicks.lll Frederick.Md DATE APR	1968 fliores Judge
10M REV. 1/68	10 • 11 1 CKS . LIL Frederick . Md	

MAKYLAND STATE DEPARTMENT OF HEALTH

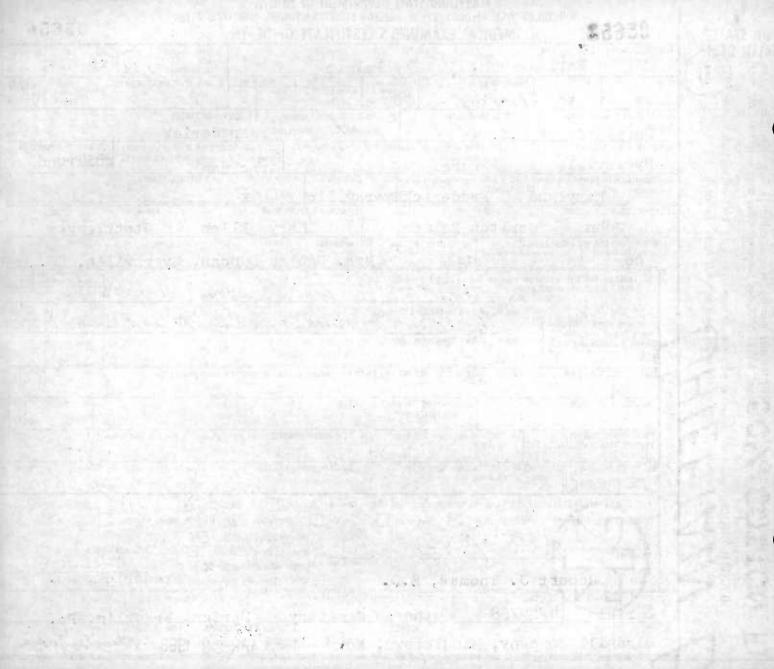
t in at a least the second maximum of modernia THE TOWN PERCENT OF A PARTY OF A And the second s file to the state of the state and the disease with the second secon the same was a first the smooth at 17th of 196-11-155. ALESSA SILLIES A ESTA DE PARTICIPA EN LA COMPANSIÓN DE workers 85-11-1 Inline his density ploined by . But to be been will a color and

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) ESTI-3 ta Page Charles 0 Brvan DEATH MATED AGE (In years 4. RACE IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD and last birthday) 2, and PM3. Year Male White June 25,1903 1 and 2 with the State Depar 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH farm pencil in Item 18. Give Pages 1, Frederick, Md. WIDOWED -DIVORCED TO U. S. A. Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with Salesman during most of working life, even if retired.)
Retired give treet dees ant, Maryland Mt. Pleasant 13d. INSIDE CITY EIMITS? death. 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission STATE 13by COUNTY 122 S. Pershing St. York YES 😿 NO 🗀 after 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME Middle Charles 0'Bryan Marian farwarded ta the Chief Medical Examiner's G. Evler pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 166 12 rs.Raymond Zellers. 1202 W. Polar St. York File within executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (o), any certificate shauld writing the ward stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O 90 remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE FUNERAL DIRECTOR: Page AT WORK burial 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my apinian Natural causes Undetermined manner death resulted fram: Accident Suicide Hamicide 5 me,
TO FUNERAL L.
Health prior to b CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER XX Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Rose Cemeters York. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] M. R. Etchison & Son, Frederick, Maryland DATE 10M REV. 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH



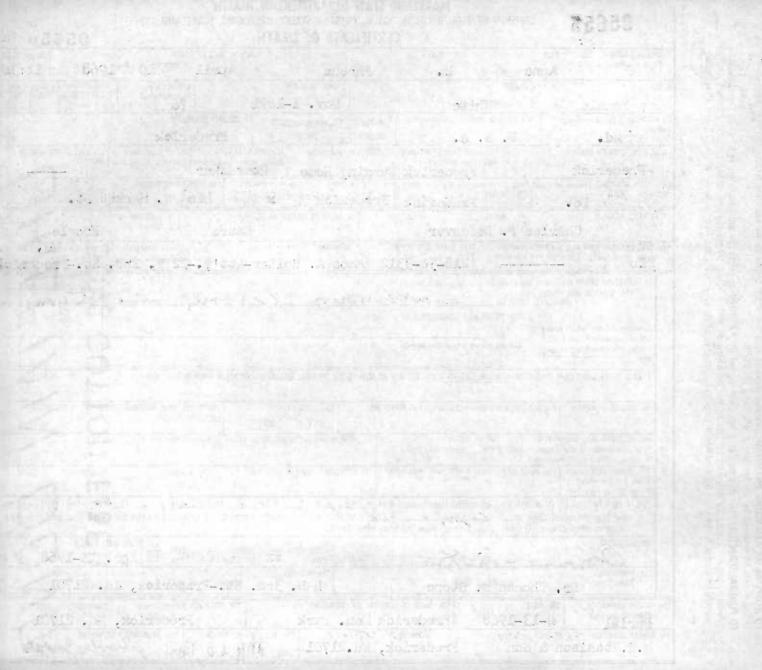
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05656 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT DECEASED-NAME First Middle Lost 2g. DATE KNOWN Day. Yeor (Type or Print) ESTIny delay is 2, and 3 ta PM3. Page Ear? W. Palmer land 2 with the State Department of DEATH MATED IF LINDER 1 YEAR DATE PRONOUNCED DEAD 3 SEX 4. RACE 5. DATE OF BIRTH 2d. HOUR /14/1897 male white 70 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED alang with farm WIDOWED DIVORCED [ Frederick arvland in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) HIDISTRY road during mast af working life, even if retired.) Myersville trackman 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN FrederickNyersvill YES NO after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Carlton Palmer Ellen John Stottlemver Mary haurs Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT within pencil 16b SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) -12-2534 Mrs. Beulah Myersville. no Duncan File \_ within 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. the Chief Medical PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HATERIUS-LERUTIE CARDIOUR SCHULAR Nisease burial-transit Canditions, if any, which gave rise ta immediate cause (a), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval. CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO X YES 1 should be OL 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion Natural causes retained death resulted from: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 5 may ro FUNE Health VDM NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)Frederick. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) Lutheran Cemetery Marion Franklin 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Gladhill Company, Middletown, Md. 1968 VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 05655 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95658 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR IN death by the funeral (Type or print) Month 7.0 Day 1968 eor April 11:30 Anna Phebus 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years LE UNDER 1 YEAR IF UNDER 24 HRS. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after last birthday) Nov. 1-1891 Female White vithin 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED attending physician and campletely filled in sermit. Then please remave carban papers. country) Frederick U. S. A. WIDOWED 3 Md. DIVORCED 10. CITY OR TOWN OF DEATH 1]. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Homemaker Frederick Frederick Nursing Home event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY L26 N. Market St. YES T NO Frederick Frederick burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle last 1S. MOTHER'S MAIDEN NAME First Middle Last Charles P. Kefauver Koogle Laura 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) 218-50-3312 Amos A. Holter-Att'y .- 22 W. 2nd. St.-Frederic 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY carringues IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been so that the page of th should be detached far use as the with the State Dept. af Health priarta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Sept 3, 1963, ta Garage 3, 1964, that (I) (we) last saw the deceased alive an Company 3 1964 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF Apr. 11-1968 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) L W. 3rd. St.-Frederick, Md. 21701 Dr. Thomas E. Stone director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION (County) (State) REMOVAL (Specify) 4-13-1968 Frederick Mem. Park Frederick, Md. 24. FUNERAL DIRECTOR Elwant ADDRESS 7/ 12 truese 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M.R. Etchison & Son 1968 Frederick, Md.21701 15 APR 30M REV. 1/AE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05659 DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month Yeor 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) June 28, 1894 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED WIDOWED DIVORCED [ event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) **INDUSTRY** and campletely owner 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗀 NO P and in any 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) burial, crematian, or remaval, WWI CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the State Dept. af Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗍 NO IL this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from January, 1968, ta 1968, that (I) (we) last saw the deceased alive an 15 454 and that in (my) (aur) apinian death occurred an the date and haur and from the FUNERAL DIRECTOR: After directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05657 05660 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2n DATE OF DEATH 2b. HOURA. requires that the death certificate be executed within 24 hours after death (Type or print) 1968 2:30 M REDMOND ANNIE M. 6. AGE (In years Just birthday) 4. RACE 5. DATE OF BIRTH 1F UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX DAYS December 24,1893 White Female signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Per burial, crematian, or remaval, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U. S. A. WIDOWED | DIVORCED Frederick Virginia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Point of Rocks during most of working life, even if retired.)
HOUSEWIIE INDUSTRY Point of Rocks 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Wary Land 13b COUNTY rick Pt. of Rocks YES NO Point of Rocks 14. FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle Jenkins Martha UNKNOWN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknown) (If yes give war or dates of service) Mrs. Minnie Perry, Point of Rocks, Maryland 213 16 0229B APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been d far use as the af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗍 YES 🗔 FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED
While Not while at work (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County 22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive at 1968, and that causes stated abave, (I) (wy (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR April 23,1968 director, page 3 shauld be filed v PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 804 Toll House Ave, Frederick, Maryland Henry V. Chase, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 1968 St. Paul's Cemetery Point of Rocks Frederick Md Fedeler 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Charles 1968 M. R. Etchison & Son, Frederick, Maryland DATE

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05658 05661 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH death (Type or print) Month 4 17eV 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the deoth certificate be executed within 24 hours after last birthday) DAYS HOURS October 20, 1886 **D FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician ond completely filled in by the director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours of Male White ond completely filled in by the 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Frederick U. S. A. Maryland WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126. KIND OF BUSINESS OR Memorial Hospitatring most of working life, even if refired.) Frederick 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land 13b COUNTY Frederick YES NO Pt. of Rocks Point of Rocks 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Middle Redmond Olivia Pryor Joseph C. 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknown) Mrs. Minnie Perry, Point of Rocks, Maryland 213 16 0229A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPQUENCE OF Canditians, if ony, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or ottending CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🐷 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased of the deceased from the deceased of the dec causes stoted abave, (1) (we'did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION REMOVAL (Specify) St. Paul's Cemetery 0 Point of Rocks Frederick Md 25a. REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 M. R. Etchison & Son, Frederick, Maryland DATE

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diter	3. SEX fema	le	4. RACE	ite		S. DATE OF BIR	/1907		6. AGE (In yeors last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7o. BIRTHPLA	E (Stote or foreign ryland		F WHAT COUNTRY?	8. MARRIED 1	NEVER MARR	(IEU_	county of t			Md.
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300	13o. USUAL R odmission)	ESIDENCE (Where deced	sad lived if ins	titution: Residence before Frederick	13c. CITY OR Midd		YES NO NO	5?   13e. STRI	et and number W. Main	St.	
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1	22b. \$10	NATURE YSICIAN'S	9	Elmer	Harpis	ATTENDIN	DIRI DIRI	ECTOR L	STAFF PHYS. D 4	DATE SIGNED	-68
1	N	AME (Type) Dr.	J. Elr	mer Harp			Midd		wn, Md.		
Q	REMOV	AL (Specify)	DATE 4/17/6		eran C	CREMATORY emeter	У	4iddle		(County)	(Stote) Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1566 DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOURA Month 24 requires that the death certificate be executed within 24 haurs after death. (Type or print) and campletely filled in by the funeral Angell Mary Sappington Apr. S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 6. AGE (In years last birthday) MONTHS July 21- 1890 Female White burial, crematian, ar removal, and in any event, within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Frederick U. S. A. WIDOWED [ DIVORCED [ Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress).
Frederick during most of working life, even if retired.) INDUSTRY remave carban Frederick Mem. Hospital Retired Homemaker 13e. STREET AND NUMBER 127 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN W. Chas admission) STATE 13b. COUNTY YES X NO 115/Record Frederick Md. Frederick 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Angell Sappington Francis Mary Rebecca Brown physician 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) 218-30-7638 Home for the Aged- Frederick. Md. 21701 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o signed by the burial-transit p Conditions, if ony, which gove ! rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) priar ta as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? has CAUSES OF DEATH? ed far use a NO K YES 🗔 Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M. be detached director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21e. PLACE OF INJURY City or Town County While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an artended the legisless. and that \_\_1968, and that in (my) (aur) apinion deat occurred an the date and haur and fram the saw the deceased alive an causes stated abave, (1) (we) (did nat) view the bady after death. 22b, SICNATURE 22c. DATE SIGNED 24-1968 DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 24. FUNERAL DIRECTOR Elivood
M.R.Etchison & Son 25b. REGISTRAR'S SIGNATURE ADDRESS Whitmore 2So. REC'D BY REGISTRAR VR A15 (4) DATAPR 26 Frederick, Md. 21701 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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DAD					SELBERT, FREDER	RICK MARYLAND
rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).		- L l D.	BETWEEN ONSET AND DEATH
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, e		stoting the underlying couse	(d) I litrorium	Loulmonary	en plingering	e years
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State Dept. af Health priar to b	7	527/			0	
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
= 7	TIFIC			YES NO X	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			r noture of injury in Port 1 or Port 2,	Item 1B.)
	MEDICAL	(If either, notify medical examin	ner) P.M.			The set Village
	W	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. No	. City or Town	County Stote
		While Not while at work of work				
		22a. I certify that (I) (thi	is hospital) attended the decease	ed from December, 19 ( 965, and that in (my) (our) op	nion double desired on the de	that (I) (we) las
	1	causes stated abave	, (I) (WM) (did) (did) (did) Xview the	bady after death.	mion death attorred on the do	are und naor and fram the
	1	22b. SIGNATURE			AED STAFF 22c.	DATE SIGNED
		amer	145/Womas	DEGREE PHYS.	MED. STAFF PHYS.	4114168
1		22d. PHYSICIAN'S	O D MUONIA NA	22e. ADDRESS	low Hoopen's	TO TOTAL SO
		NAME (Type) JAME	S B. THOMAS, M.D.		MEM. HOSPITAL, I	REDERICK, MD.
R	230	BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
36				HILL CEMETERY		ASH. CO. MD.
1/68	24.	FUNERAL DIRECTOR	ROUZER FUNE		R 1 7 1968 REGISTRAR'S	
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MAKILAND STATE DEPARTMENT OF HEALTH

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NA DECE	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
(IAI) 000		CERTIFICATE OF DEATH		05665
1. DECEASED-NAME (Type or print)	First Middle	Lost 20	DATE OF DEATH  Month  Doy	Year 2b. HOUR
g-8	-URA MATILDA	SHELLENBERGER	april 8	1968 2:15 A.M
3. SEX	4. RACE	5. DATE OF BIRTH	To the time to the	FUNDER 1 YEAR   IF UNDER 24 HRS.
J	$  \omega$	Feb. 27, 188	3 80 YRS.	
7o. BIRTHPLACE (State or country).	,	HANKIED HEARK MAKKIED	DUNTY OF DEATH	
Maryla	ud W.S.A.	WIDOWED DIVORCED .	Trederick.	Md.
10. CITY OR TOWN OF DEA	give street address)		CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
of Frederic	& Frederick	Menney Hospil Horis	lunk	Eneployed
admission) STATE	nere deceased lived, if institution: Residence bef	Ore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?  YES NO 1	13e. STREET AND NUMBER	. + 0 . 1
14. FATHER'S NAME	irst Middle La	C MAINER -	Middle Middle	ey, tred, nich.
T. TAITER'S HAME	Middle La	13. MOTHER'S MAIDEN NAME FIIST	Middle	Z (asi
160. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16b. SOCIAL SECUR	ITYNO. 17. INFORMANT	Address	Dogle_
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18 CAUSE OF DEAT	H (Enter anly ane cause per Jine far (a), (b), and	(0)	ery wich in	APPROXIMATE INTERVAL
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412	DUE TO, OR AS A CONSEQUENCE	OF A		- Co your
Conditions, if ony, w	hich gove) Mohole	1 Dells poes		7
rise to immediate	ouse (a), DUE TO, OR AS A CONSEQUENCE	OF		
lost. 446 X	(c)			TO THE STATE OF
PART 2. OTHER SIGN	FICANT CONDITIONS CONTRIBUTING TO DEATH BE	T NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	107
3 Url	Cres Clarilia U	lar design c	accom pen	callion
190. DATE OF OPERATI	ON 19b. CONDITION FOR WHICH OPERATION WA		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
21a. ACCIDENT WAS	UNDERLYING   21b. TIME OF INJURY	YES NO		10.
	CAUSE OF DEATH HOUR A.M. Month Day	ear 21c. HOW INJURY OCCURRED (Enter nati	ore ar injury in Port 1 or Part 2, 11e	m 18.)
OR CONTRIBUTING (If either, notify med)	FD. 216 PLACE OF INJURY CAT HOME FARM STREE	T, FACTORY, 21f. LOCATION Street or R.F.D. Na.	City or Town	County Stote
While Not while	OFFICE BUILDING, ETC.	211. LOCATION SHEET OF KILD. NO.	chy di Tuwn	County Stole
at wark of work		eosed from 268, 1968	, to19	, that (I) (we) lost
sow the de	ot (I) (this hospitol) ottended the deco ceosed olive on	, ond that in (my) (our) opinior	deoth occurred on the dote	ond hour ond from the
	ed obove, (I) (we) (did) (did not) view t	he body ofter deoth.		
22b. SIGNATURE	in the Theorem	DEGREE PHYS. MED. DIRECT	OR STAFF 22c. DA	TE SIGNED
22d. PHYSICIAN'S	Will Juman	DEGREE PHYS. DIRECT	OR L PHYS. L	
NAME (Type)		ZZE. ADDRESS		
23a. BURIAL, CREMATION,	23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY 23	d. LOCATION (City ar Town)	(Caunty) (State)
REMOVAL (Specify)	14/11/68 Ran	ky Hill Clay. 7		tred ms.
24. FUNERAL DIRECTOR	ADDI	RESS 25a. RECORVERE		
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ie ie	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONT!	DER 1 YEAR   IF UNDER 24 HRS.
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e la		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
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and rem	14.		Lost
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely fill should be detached for use as the burial-transit permit. Then please remave carban position to the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within the State Dept.		Yes, no, or unknown) (If yes give war or dates of service) To Helen Skoewsko. Fitter	3-riok Mid
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r at	ERIF	KEZ NO	
AN: ol a cicat for Hea		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	B.)
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PHY e ho nis c tach Depi		While Not while \ OFFICE BUILDING, ETC.	unty Stote
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Apin d by After d be e State		saw the deceased glive on 4/5/ 19 68, and that in (my) (overlapping death occurred on the date or	nd haur ond from the
OR:		couses stated above, (1) (新國 (日本 (1) (日本 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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L OR be r be r DIRE	1	DEGREE PHYS. LI DIRECTOR LI PHYS.	
may may po		PHYSICIAN'S NAME (Type) Gilcin F. Meadors, M.D. 810 Toll House Ave. Fred	erick, Md
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creases.	230.		unty) (Stote)
220 5		REMOVAL (Specify) April 8.1968 Rocky Rispunos Frederich Pors	il Fred, Md
VR A15	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	TURE
30M REV. 68	1	& LADHILL CO Middle town DATE APR 9 - 1968 Policare	And Jung

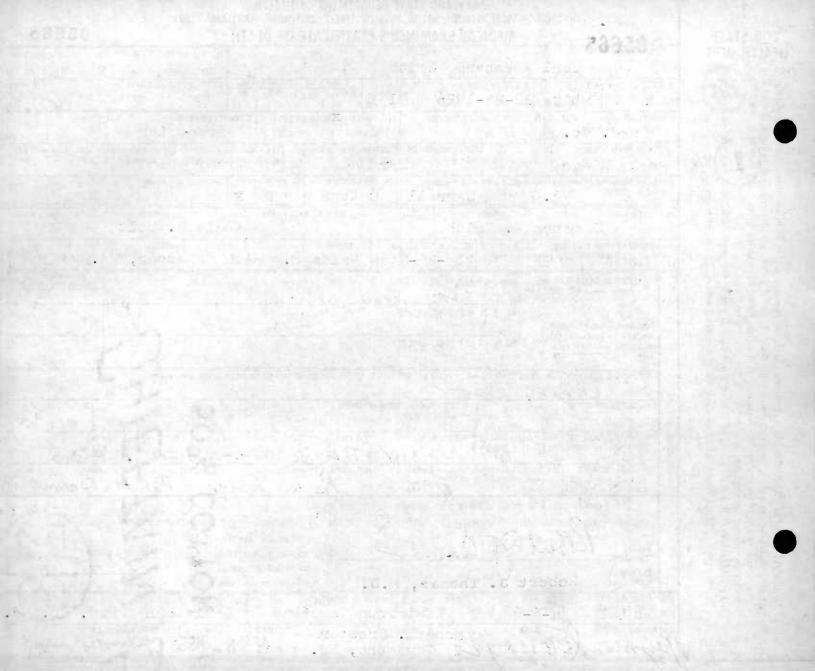
MAKTLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by e. 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages and with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 22 hours.		Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause	DUE TO, OR AS A	A CONSEQUENCE OF	ulan a	cabet			BETWEEN O	MATE INTERVAL INSET AND DEATH
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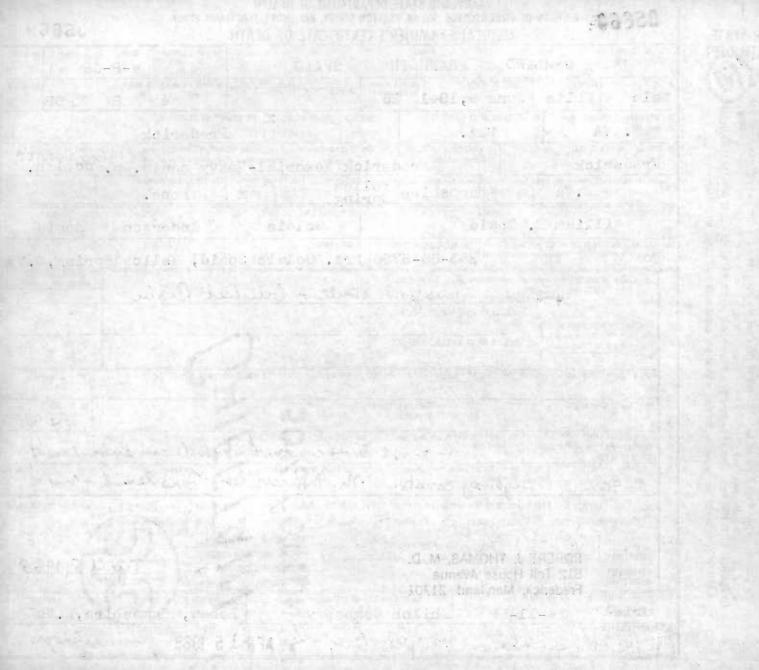
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FOR STATE		nece	1.6	ME	DICAL EX	AMINE	R'S CERT	IFICATE	OF DE	ATH				356	68	
HEALTH DEPT.		ECEASED NAME	First			Middle	210	Last			2a. DATE KNO	M TINWO	lonth Da	y Year	2b. HOUR	
s o e o	(	Type or Print)	Carl	Ber	nard	Smit	h				OF ES	TED T	4 3	196	8 1039M	
Pa 30	3. SI	EX	4. RACE	S. DATE O	F BIRTH	6. AC		F UNDER 1 YEAR	IF UNDER 2		2c. DATE PRON		AD		2d. HOUR	
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l, 2, m Pl	7a. I	BIRTHPLACE (State	ar foreign	7b. CITIZEN O	F WHAT COUNTR	YY?		NEVER MA	RRIED	9. COU	NTY OF DEATH				1144	
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should be e ne ward "per to the Chief I burial-transit		last.		(c)		inest						176				
to Examiner: This certificate should be executed within 24 hours ofter death.  Sexecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages for. Page 4 should be forworded to the Chief Medical Examiner's Office along with fore of your files.  CTOR: Page 3 should be used as o buriol-tronsit permit. File pages land 2 with the Stare burial, cremation, or removal, and in any event within 72 haurs after death.		PART 2. OTHER S	SIGNIFICANT COND	-	IBUTING TO DEA	ATH BUT NO	RELATED TO T	HE TERMINAL D	ISEASE OR C	ONDITION	N GIVEN IN PAR	RT 1(0)				
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	×	21d. INJURY OC	CURRED 21e.	ctary, office b	IRY (At home, fouilding, etc.)	arm, street,	214. LC	CATION Street		2. 1	City or To			County	State	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05669 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Eirst 1. DECEASED-NAME Middle Lost 20. DATE KNOWN Month Dov Yeor 2b. HOUR (Type or Print) GARLAND ESTI-FRANKLIN SPATD 4-8-68 DEATH MATED 4 RACE 6. AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS 3. SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR Male White June 6,1941 Doy Yeor 10 68 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED TO 9. COUNTY OF DEATH country) W. VA USA. WIDOWED [ DIVORCED | Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Frederick Memorial Heavy equip. Op. Frederick death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 130 CITY OR JOWN 13d. INSIDE CITY LIMITS? 1 and 2 with 13e. STREET AND NUMBER 13b. COUNTY Hampshire odmission) STATE W. Va YES NO IX None. Spring after 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost William F. Spaid Goldie Anderson Spaid haurs the Chief Medical Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes go, or unknown) 233-66-5756 Mrs. Goldie Spaid, Yellow Spring, W. Va File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Crushed Brain PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 remaval CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES A NO [ pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. Drove construction vehicle over enbankment burial, cremation, 4-8-1968 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, Mr. Myersulle Stote foctory office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK please execute 220. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection . Inquiry ond in my opinian Natural causes Accident death resulted fram: Suicide Homicide \_\_\_\_ Undetermined manner S may be retaine

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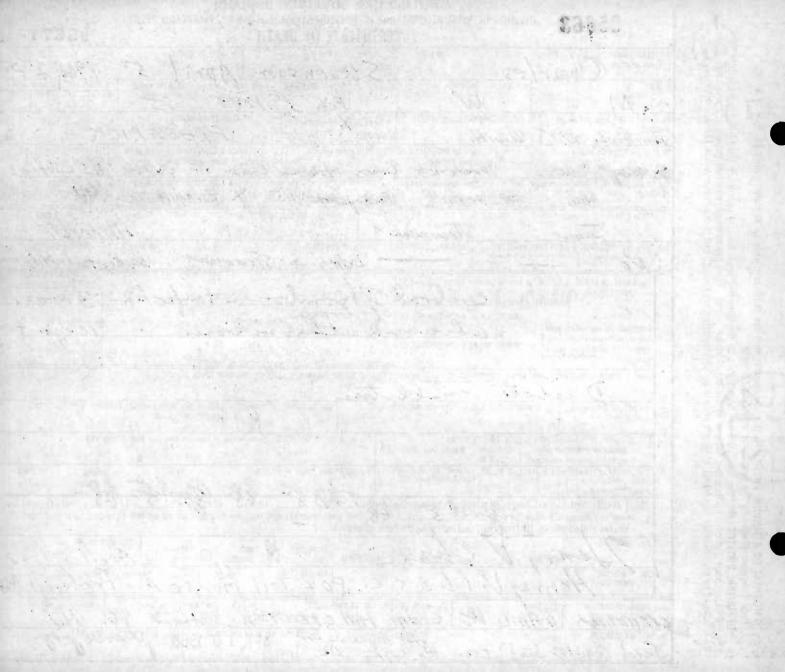
Health priar ta t CHIEF MEDICAL EXAMINER Tues ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 812 Toll House Avenue **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) the Frederick, Maryland 21701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) PREMOVAL (Sprcify) Shiloh Cemetery Lehew, Hampshire. W. Va 4-11-68 25b. REGISTRAR'S SIGNATURE 24\ FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	TIVE	00000		ERTIFICATE OF DEATH		000:0
÷	W.	1. DECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
deot	furrend ond er deor	(Type or print) GRACE	GRIMES	STEVENS	April Day8	1968 4:20
- er	3-5	3. SEX	4. RACE	S. DATE OF BIRTH		F UNDER 1 YEAR   IF UNDER 24 HRS.
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ours	by Our	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		. COUNTY OF DEATH	
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n 2	papers. hin 72 h	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. USUAI	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
vith	within 72	Frederick	rederick Me	morial Hospital Ho	st af warking life, even if retired.) USEWLIE	INDUSTRY
> p	olete cart	13g IISIIAI PESIDENCE (Where decease	d lived, if institution; Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM	1175? 13e. STREET AND NUMBER	
cte	omp ove c	admission) SIATE	13b. COUNTY Frederick	Route 5 YES NO	Route 5, Freder	ick, Md.
exe	the attending physicion and completely filled sit permit. Then please remove carbon pape nation, or removal, and in any event, within 72	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Fir	rst Middle	Last
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ate	leos	16a. WAS DECEASED EVER IN U.S. ARMI	or dates of service)		Address	
THE .	ohys on p val,	NO	219 12 11	87 Edgar T. Steven	s, Myersville, Md.	
9	signed by the attending phys buriol-tronsit permit. Then p buriol, cremation, or removal,	18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).  BY:		Victoria and the	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
eath	indii.	PART I. DEATH WAS CAUSED	BY: E CAUSE (a) ASHD &	Seven CHF		
e d	atte on,	4129	DUE TO, OR AS A CONSEQUENCE OF			
÷	the sit p	Conditions, if any, which gave a rise to immediate cause (a),	(b)			
tho on.	by rron cren	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			A44 V2712
res	iol,	lost.	(c)			
requires that the death certificate be executed within 24 hours after death a physicion.	signed by the buriol-tronsit buriol, cremat	PART 2. OTHER SIGNIFICANT COND	ottions <u>contributing to death</u> but N	OT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
V Pil	een the or to	8 4200				
e lo	os os prio	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	1	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
는 to	for use Health	THE STATE OF THE S		YES NO		
ANS	icot for Heo			21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Port 2, Ite	m 18.)
SICI	ed ed . of	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19			
PHYSICIAN e hospital	this cert etached Dept. o	21d. INJURY OCCURRED 21e. F While Not while at work at work	CLACE OF INJURY (AF HOME, FAKM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D. Na.	City or Town	County State
the the	ifter this certif be detached State Dept. of	at work at work	A CONTRACTOR OF THE CONTRACTOR	3/3//6830	ta 4/18/6×19	Ab . A /IV / . V I
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TEN	the the	causes stated abaye,	(I) (we) (did) (did not) view the	bady after death.	non deam accorred an me date	dia naoi ana nam in
AT	D & E	22b. SIGNATURE	1-11	ATTENDING ME	D STAFE 22c. DA	TE SIGNED
Se le	DIRECTOR: At give 3 should liled with the S		usly kane	DEGREE PHYS. DII	ED.  RECTOR PHYS.	1/8/68
FAL	AL Dag	22d. PHYSICIAN'S	stin Pearre, M. D.	22e. ADDRESS	A TP 2	
SPI	d b			<u> </u>	Ave, Frederick, M	
O HOSPITAL	O FUNERAL DIRECTOR: At director, page 3 should be should be filed with the S	23a. BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY		(County) (State)
2	5 0 J		il 22,1968 Mount		Frederick, Frede	
	VR A15 (4) 30M REV. 1/68	// //			REGISTRAR 1968 REGISTRARYS SI	The youngers
	30/M REV. 1/00	M. R. Etchison	& Son, Frederick	Md. DATE		U

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3567 DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 Kours after death (Type ar print) Vensol 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS DAYS HOURS YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED by the attending physician and campletely filled in ransit permit. Then please remove carban papers. FREDERICK U.S. H. WIDOWED DIVORCED [ BUFFALO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) rederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE YES 🗀 NOT Ruckeystown Buckeystown and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle evenson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6b. SOCIAL SECURITY NO. Address Yes, po. of unknown) Bucke 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician paugis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending O FUNERAL DIRECTOR: After this certificate has been for use as the 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 0 (If either, natify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1968 106 1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed olive on the shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, shauld 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4): 30M REV. 1/68 DATE



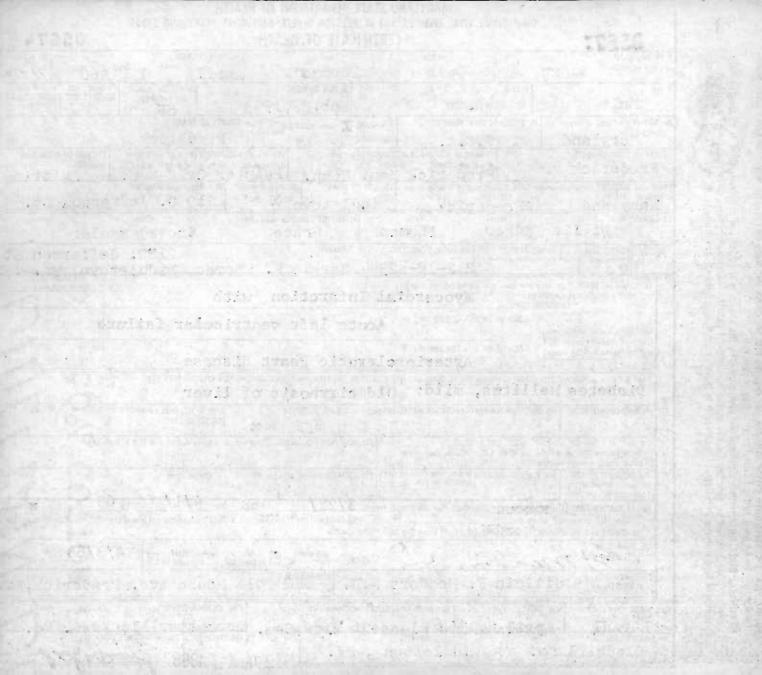
MAKTLAND STATE DEPAKTMENT OF HEALTH 05663 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05672 DECEASED-NAME Lost 2b. HOUR ] First Middle 20. DATE OF DEATH (Type ar print) Edgar Stunkle signed by the attending physician and completely filled in by the Toner burial-transit permit. Then please remave carban papers. Pages 1 son burial, crematian, ar remaval, and in any event, within 72 haurs after dec 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS Male White Oct. requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TR NEVER MARRIED country) Maryland Montgomery U.S.A. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast at warking life, even if retired.)
Retired INDUSTRY armer Tuscarora 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗌 Tuscarora NO \* R. F. D 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Burch Charles Stunkle Jane 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Nes, no, ar unknown) (If yes give war or dates of service) 219-36-3514A Bessie Stunkle Tuscarora Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) | Natural cause wk. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) 7 wks. Fracture of right hip rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause 6 wks. Cystitis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO I YES -21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. P.M. Manth Day Year 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 9-2-, 19-67, ta 4-23-, 19-68, that (I) (We) last saw the deceased alive an 4-23-19-68 and that in (my) (sor) apinian death accurred an the date and haur and fram the 4-23- 19 68, that (1) causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE> 22c. DATE SIGNED ATTENDING STAFF 4-23-68 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Gum Spring Hollow, Brunswick, Md. T. Byron Kao. M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) Buria (Specify) Va. 4/25/68 Loudoun Leesburg Union DATAPR 26 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 1968 30M REV. 1/68 M.R. Etchison & Son Frederick, Md.

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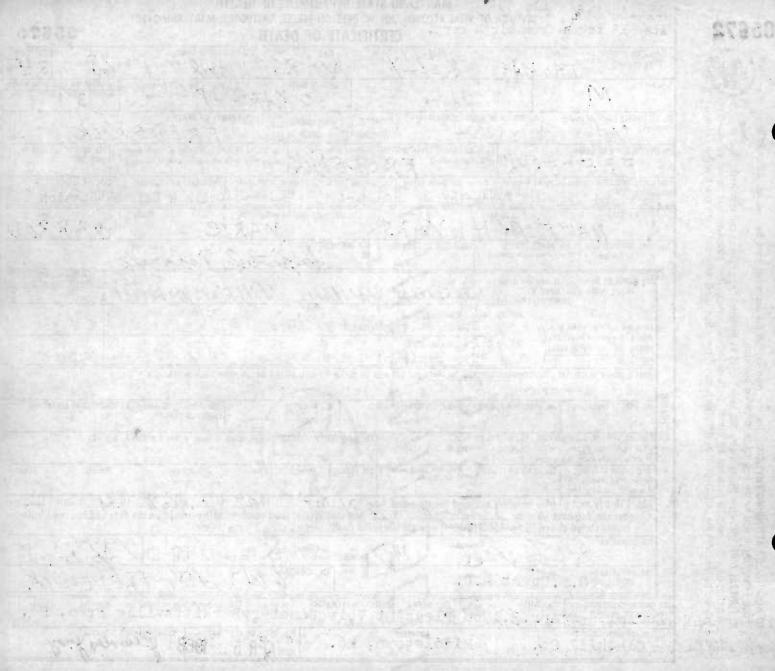
MARYLAND STATE DEPARTMENT OF HEALTH

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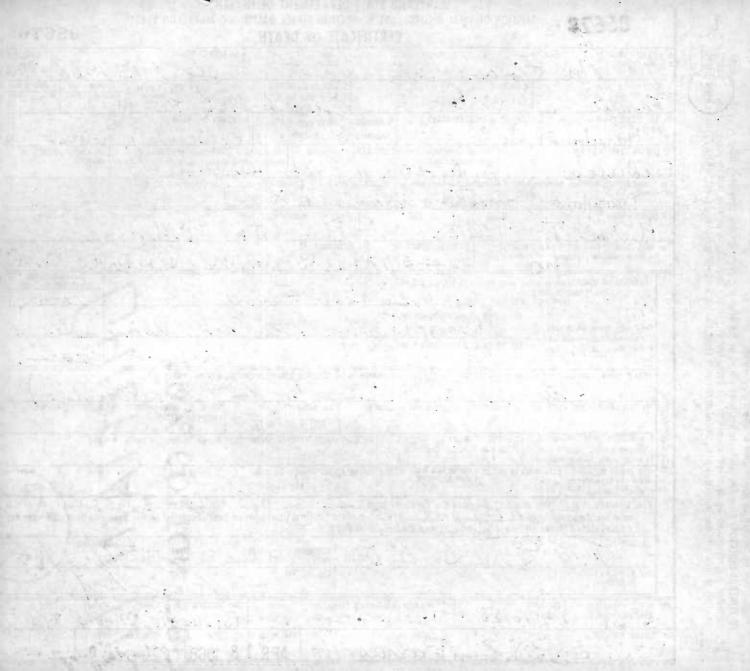
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05674 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR deoth. (Type ar print) Edgar Dale 968° Thomas April requires that the death certificate be executed within 24 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) DAYS Male White Feb. 27, 1903 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (country) Maryland filled in U.S.A. WIDOWED [7] DIVORCED [ Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Frederick during most of warking life even if retired.)
Painter Self-Emp **INDUSTRY** Frederick the attending physician and completely, sit permit. Then pleose remove carbon Painting Hosp. burial, cremation, or removal, and in ony event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY Frederick MiddletownYES NO T 212 S. Jefferson St. Maryland 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Willie Thomas Edger Grace (none) Nadler 17. INFORMANT 16b. SOCIAL SECURITY NO. 212555 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Jefferson St Yes, no or unknown) (If yes give war or dates of service) Middletown Md 212-10-8234 Margie M. Thomas 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Myocardial Infarction PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) with DUE TO, OR AS A CONSEQUENCE OF Acute left ventricular failure Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Arteriosclerotic Heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Diabetes Mellitus, mild; Old cirrhosis of liver **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (I) (this haspitally attended the deceased fram 3/22/ , 1968 , to \_, and that in (my) (output pinion death accurred on the date and hour and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) ( (did nat) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S Gillcin F. Meadors M.D. Toll House Ave. Frederick, Md NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify)
Burial Burkettsville Fred Pleasent View Com ADDRESS 250. REC 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/68 Gladhill Co. Middletown, Md.



	I te	ms 18 & 22 film 399 MARYLAND STATE DEPARTMENT OF HEALTH	
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ithin ?	10. 0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
uted w mpletel re carb	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack   13c, CITY OR TOWN   13d INSIDE CITY LIMITS?   13e, STREET AND NUMBER   13s   13e   13e	ox 1268 s Station
ond co		FATHER'S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle	DAR ROLL
requires that the death certificate be executed within 24 houss often g physicion.  I signed by the ottending physicion and completely filled in by the first burial-transit permit. Then please remove carbon papers. Pages to burial, cremation, or removal, and in any event, within 72 hours after burial.		WAS DECEASED EVER IN U.S. ARMED FORCES?  Job. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address  Address	<u>C/\/\/\</u>
certi Then Then		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth endir mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  AND	
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ysicie ysicie med rial-t		lost. (c) Hyperemia of lungs	2 days
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OR ATT e retair e retair i 3 shou d with i			ATE SIGNED
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				MARILAND STATE DEPARTMENT OF HEALTH	
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	e death certificote b attending physician permit. Then please on, or removol, and i		_		100000000000000000000000000000000000000
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	PHYSICIAN: e hospital or his certificate stached for u Dept. of Healt		₹.	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year	
	Spirit sp		MEDICAL	(If either, notify medical examiner) P.M. 19	<i>f</i>
	PHYS he hosp this cel etache		~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While - Not while -	Caunty State
	by the hospil fter this certil be detached Stote Dept. of		. 83	While Not while of work OFFICE BUILDING, ETC.	
	lNG by t ffer be o			22a. I certify that (1) (this haspital) attended the deceased from Claud 2., 1960, to Claud 12, 190	that (I) (we) last
	N A A			saw the deceased alive on 13 1968, on that in (my) (our) opinion death occurred on the date	ond hour ond from the
	ATTENDING stained by th CTOR: After is should be d ith the Stote			couses stoted obove, (I) (we) (did not) view the body ofter deoth.	,
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		///	24.	FUNERAL DIRECTORADDRESS	
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	2	/		Carred & Milley Court of 10 1968   Mark	JACAGE .



			MARYLAND STAT	E DEPARTMENT OF HEAD	LTH	
		05674 DIVISION OF		PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
1		00014	CERTIF	CATE OF DEATH		35677
<b>≟</b>		CEASED-NAME First	Middle	Last 2a	DATE OF DEATH	2b. HOUR
,	(1	ype or print) MERHL V	VILLIAM W.	SNER	Toril Month 17 Doy	1968 345 AM
	3. SE	X 4. RACE		S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		m w		Dec. 5, 1909	last birthday) YRS.	MUNITS DATS HOURS MIN
. 11	7o. E	ARTHPLACE (State or foreign 7b. CITIZEN OF WH	AT COUNTRY? 8. MARRIE	NEVER MARRIED 9. CC	DUNTY OF DEATH	
	COUI	maryland U.S.	A. WIDOWE		Frederick	Me
	10. (		ME OF HOSPITAL OR INSTITUTION (1 treet address)		CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
19		Thederick	Fred, Mens	real Hosp Weis	f working life, even if retired.)	Teach mill
A	13a.	USUAL RESIDENCE (Where deceased lived, if institutions sion) STATE / 13b. COUNTY	on: Residence before 13c. CITY	OR TOWN /3d. INSIDE CITY LIMITS!	13e. STREET AND NUMBER	1
10		maryland to	ederick Uhl	Cersylle YES NO	4 Verusylvani	a Othere
1	14. F	ATHER'S NAME First Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
		Havery Lewis	Wesper	Zeita	- Grace	Hoke.
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war or dates of service)	12.00	. INFORMANT	Address	nh THE
		no	213-05-8070	Mrs Margaret	M Wesner, We	alversalle.
		18. CAUSE OF DEATH (Enter only one cause per lip PART I. DEATH WAS CAUSED BY:	9 far (a), (b) and (c).)			BETWEEN ONSET AND OFATH
		IMMEDIATE CAUSE (a)	moncho prieur	nona		12 hours
			S A CONSEQUENCE OF	J	t + 1.	1-7
		Conditions, if ony, which gave rise to immediate cause (a),	marken	in with meta	mase to pewer	6 month
12		storing the bridging coose.	S AJDNSEQUENCE OF	o spire		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT BELATED	TO THE TERMINAL DISEASE ODCOND	TION CIVEN IN DART 1/-)	
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7	CERTIFICATION			YES NO D	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING   21b. TIME OF	INJURY 21c.	HOW INJURY OCCURRED (Enter natu	ure of injury in Port 1 or Port 2, Ite	em 18.)
8	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.  (If either, natify medical examiner)	Manth Doy Yeor			
	MEL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTORY.) 21f. OFFICE BUILDING, ETC.	LOCATION Street or R.F.D. No.	City or Town	County State
		While Not while at wark	OTTICE BUILDING, ETC.	A STATE OF THE PARTY OF THE PAR		
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		saw the deceosed olive on causes stoted obove, (I) (we) (did) (	1968, o	nd that in (my) (our) opinion	death occurred on the date	e and haur and from th
		22b. SIGNATURE	ald har) view the body after	r deam.	22, 07	ATE SIGNED
v		Januar Hone	O MA DE	GREE PHYS. MED.	OR PHYS. D 4/	117/18
		22d. PHYSICIAN'S	Transition of	22e. ADDRESS	DK — FIII3. — [ ] [	11 (1 0)
		NAME (Type) JAMES E.ST	ONER, )R		RSUILLE Md.	
	230.	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY C	R CREMATORY 230	1. LOCATION (City or Town)	(County) (State) /
2		Burial 4/20/68	Glade C	unetery 1	Valkersville.	tred md
1	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REGIOED RIG	ISTBAR 1988b. REGIONARIOS	HENDURE JOES TO
7		-10. Julian Wo	Wernille	MY. DATE	"	1/

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physician and campletely filled ten please remave carban pape oval, and in any event, within 7	10. (	ITY OR TOWN/OF DEATH	11. NAME OF HOSPITAL OR II give street oddress)		in hospitol 120. US during	most of wor	TION (Kind of work done king life, even if retired.)		
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phy hen nova		NO CAUSE OF DEATH IS A		11 20 your	a Venline	June	urrenge Was	APPROXIM	ATE-INTERVAL
ne death ce attending i permit. The		PART I DEATH WAS CAUSED	r one couse per line for (o), (b), and (o BY: TE CAUSE (o) Odens Car		Stans	244. C	of man	BETWEEN ON	ISET AND DEATH
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equires that th physician. signed by the burial-transit p burial, cremati		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		3 11 3			
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NG the tarte date			hespital) attended the decea	sed from	Jan., 19	58 , ta	4/6 ,11	9 <u>68</u> , that	(I) (we) last
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OR DIRE		Janua S.	Stone on	MA DEGREE	11113.	MED. DIRECTOR	STAFF PHYS.	4/6/68	
TO HOSPITAL Page 4 may to FUNERAL Didirector, page shauld be file		22d. PHYSICIAN'S NAME (Type) JAMES	E. STONER, IR		22e. ADDRESS	ERSUIL	LE, Md.		
OSP e 4 UNEI sctar suld	230	BURIAL, CREMATION, 23b. D		F CEMETERY OR CE			CATION (City or Town)	(County)	(Stote)
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	24.	FUNERAL DIRECTOR	1020 Bos ADDRES	55 7 1		BY REGISTR	AR 1968 REGISTRAR	S SIGNATURE	del
VR A15 (3)		J. E. Burlen	, warrend	L) Md.	4793 DATE A	PR 9 _	1000	1	6

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